

# **Wisconsin Home Health Agency Directory**

**1999/2000**

October 2000

Bureau of Health Information  
Division of Health Care Financing  
Department of Health and Family Services

## FOREWORD

Chapter 50.49, Wisconsin Statutes, authorizes and directs the Department of Health and Family Services (DHFS) to develop rules for the licensure of all home health agencies serving Wisconsin residents (Wisconsin Administrative Code, HFS 133, Home Health Agencies). These rules include requirements for reporting information on home health agencies to DHFS through the submittal of licensure application forms provided by the Department. Attached to the licensure application is a survey form from the Wisconsin Bureau of Health Information. This survey serves as a coordinated data collection effort designed to meet the Department's program needs. The information collected is used by various bureaus within the Department for planning purposes, as cited in the statutes referenced in the body of the licensure application.

The information presented in this directory is based on survey data collected for the 1999 calendar year. Also included is a one-day, point-in-time profile of residents served by the agency on April 14, 2000. The licensure application to which the survey was attached is for the period June 1, 2000 through May 31, 2001. The Bureau of Health Information would like to thank the home health agencies for their participation in the annual surveys.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Jane Conner, research analyst, prepared the directory. She also coordinated and implemented the data collection and editing activities. Kitty Klement, research analyst, and Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. The directory was prepared under the overall direction of Barbara Rudolph, Director, and Sandy Breitborde, Deputy Director, Bureau of Health Information.

Inquiries concerning the information presented in this publication should be directed to the Bureau of Health Information, Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309, or telephone (608) 267-9055.

To obtain an additional copy of this directory, please send a \$15.00 check, (made payable to the Division of Health Care Financing), along with a note requesting the 1999/2000 Home Health Agency Directory to the following address:

Bureau of Health Information  
Division of Health Care Financing  
ATTN: Joan Gugel  
P.O. Box 309  
Madison WI 53701-0309

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## INTRODUCTION

Home health agencies have been an integral part of the Wisconsin health care delivery system since the early 1960s. The Annual Survey of Home Health Agencies was begun in 1984 to systematically collect information about the characteristics of home health agencies and the patients they served. The purpose of the survey is to generate information useful to home health agency administrators, public and private health care professionals, and other interested citizens.

This directory presents data for the 157 home health agencies that submitted an application for an annual report for 2000-2001. Agency profiles include detailed information about individual home health agencies for 1999 and a one-day, point-in-time profile of residents served on April 14, 2000. The agency profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all agencies statewide by county, city, name of agency, and license number assigned to each agency by the Bureau of Quality Assurance, Division of Supportive Living.

Data contained in each profile are agency-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for agencies with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data were not provided by the agency.

The following information is presented for each agency:

1. Identifying information, including agency name, address, city, zip code, county, telephone number and license number.
2. Agency characteristics, such as type of ownership, certification for Medicare (Title 18) and Medicaid (Title 19), any affiliation with a hospital, and counties served by the agency.
3. Agency utilization measures, including the number of patients, visits and visits per patient by type of service.
4. Profiles of the percentage of patients served during the year, by patients' age, sex, reimbursement source and primary diagnosis. The profiles of the percentage of patients by age, sex and primary diagnosis describe an unduplicated count of patients served during calendar year 1999. The profile by reimbursement source is based on the agency's last completed fiscal year and describes a duplicated count of patients.
5. Revenue and expenses for the agency's last completed fiscal year.
6. The percentage of admissions by referral source and the discharge status or care destination for patients discharged.
7. Number of full-time equivalent employees (FTEs). Staffing data does not include information about consultants or contracted staff.

To assist the reader in converting the percentages shown in each profile to a comparable number of patients, an example is provided using data from the Adams County Memorial Hospital Association in Adams (Page 1). To calculate the number of patients served by this agency who were age 65 to 74, divide the percentage for the age group (30.4) by 100 (.304) and multiply the result by the total number of patients served during the year (260). The product (.304 x 260) is 79.04, which when rounded to 79 is the number of unduplicated patients age 65 to 74 served by this agency during the 1999 calendar year.

## HOME HEALTH AGENCY PROFILES

**Adams County Memorial Hospital Association**  
 450 East State Street, PO Box 335  
 Adams WI 53910 Adams County  
 (608) 339-7076

**COUNTIES SERVED**

Adams  
 Columbia  
 Juneau  
 Marinette  
 Waushara  
 Wood

License Number: 139  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 25  
 Number of unduplicated patients in 1999 = 260

**TOTAL NUMBER OF ADMISSIONS 248**

**PERCENT ADMISSIONS FROM:**

Private Residences 64.9%  
 General Hospitals 16.9  
 Nursing Homes 6.5  
 Other 11.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	215	2,076	9.7
Home Health Aide	134	1,373	10.2
Physical Therapy	47	297	6.3
Spch/Occ/Resp Therapy	23	115	5.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	90	3,752	41.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,613	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 238

**PERCENT DISCHARGES TO:**

Private Residences 71.8%  
 General Hospitals 15.5  
 Nursing Homes 0.8  
 Deaths 4.2  
 Other 7.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.2%	Medicare 68.7%
4 to 24 1.2	Medicaid 23.8
25 to 54 10.0	Other Federal 0.0
55 to 64 10.8	State Funds 0.0
65 to 74 30.4	Private Insurance 7.5
75 to 84 30.8	Self Pay 0.0
85 & over 15.8	Other 0.0
	TOTAL PATIENTS 281
Males 41.2% Females 58.8 %	

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 2.7%
Cancer 9.6	Genitourinary Sys. 5.4
Diabetes 3.8	Preg. & Childbirth 0.0
Diseases of Blood 1.5	Arthropathies 10.0
Dementia/Alzheimers 0.0	Osteopathies 0.4
Psychoses/Neuroses 1.2	Perinatal Period 0.0
Central Nervous Sys. 6.5	Ill-Defined Cond. 4.2
Paralysis/CP 0.8	Fractures 5.4
Cardiovascular 14.6	Wounds, Burns 0.4
Stroke 3.8	Compl. of Surgery 0.0
Respiratory 6.5	Other Conditions 23.1

**REVENUE**

Billings \$	449,964
Disallowances	63,917
Collections	386,047
Other	0
Total	386,047

**EXPENSES**

Total \$	447,256
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.4
Licensed Practical Nurses	0.0
Home Health Aides	0.8
Physical Therapists	0.2
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.5
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	8.9

**Ashland County Home Health Agency**

301 Ellis Avenue  
Ashland WI 54806

Ashland County

**COUNTIES SERVED**

Ashland

(715) 682-7028

License Number: 7

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 33

Number of unduplicated patients in 1999 = 146

**TOTAL NUMBER OF ADMISSIONS** 145

**PERCENT ADMISSIONS FROM:**

Private Residences	26.2%
General Hospitals	56.6
Nursing Homes	15.9
Other	1.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	130	1,671	12.9
Home Health Aide	46	522	11.3
Physical Therapy	34	211	6.2
Spch/Occ/Resp Therapy	6	57	9.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	80	3,914	48.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>6,375</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 134

**PERCENT DISCHARGES TO:**

Private Residences	59.0%
General Hospitals	29.9
Nursing Homes	2.2
Deaths	0.0
Other	9.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 60.3%
4 to 24 1.4	Medicaid 17.1
25 to 54 11.6	Other Federal 7.5
55 to 64 6.2	State Funds 0.7
65 to 74 21.9	Private Insurance 8.2
75 to 84 33.6	Self Pay 5.5
85 & over 25.3	Other 0.7
	<b>TOTAL PATIENTS</b> 146

Males 33.6% Females 66.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 2.1%
Cancer 4.8	Genitourinary Sys. 4.8
Diabetes 3.4	Preg. & Childbirth 0.0
Diseases of Blood 6.8	Arthropathies 17.8
Dementia/Alzheimers 1.4	Osteopathies 2.1
Psychoses/Neuroses 1.4	Perinatal Period 0.0
Central Nervous Sys. 0.7	Ill-Defined Cond. 8.2
Paralysis/CP 1.4	Fractures 6.8
Cardiovascular 11.6	Wounds, Burns 2.7
Stroke 2.1	Compl. of Surgery 1.4
Respiratory 8.9	Other Conditions 11.6

**REVENUE**

Billings \$	350,862
Disallowances	76,061
Collections	274,801
Other	10,461
<b>Total</b>	<b>285,262</b>

**EXPENSES**

<b>Total \$</b>	<b>378,456</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	4.0
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.3
Homemakers	0.0
Other Staff	3.0
<b>TOTAL FTEs</b>	<b>10.5</b>

**Bay Area Home Health Services**

1601 Beaser Avenue  
Ashland WI 54806

Ashland County

(715) 682-9500

**COUNTIES SERVED**

Ashland  
Bayfield  
Douglas  
Iron  
Vilas

License Number: 251  
Ownership of Agency: Individual Propri.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 72  
Number of unduplicated patients in 1999 = 211

**TOTAL NUMBER OF ADMISSIONS** 162

**PERCENT ADMISSIONS FROM:**

Private Residences 47.5%  
General Hospitals 23.5  
Nursing Homes 20.4  
Other 8.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	76	1,040	13.7
Home Health Aide	19	1,405	73.9
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	1	1,691	1691
Personal Care/PC RN Supv.	332	54,522	164.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	85	60,932	716.8
TOTAL	XXXXXXX	119,590	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 169

**PERCENT DISCHARGES TO:**

Private Residences 47.3%  
General Hospitals 38.5  
Nursing Homes 11.2  
Deaths 3.0  
Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 13.8%
4 to 24 6.2	Medicaid 69.6
25 to 54 12.3	Other Federal 0.0
55 to 64 8.1	State Funds 1.1
65 to 74 13.7	Private Insurance 1.8
75 to 84 27.5	Self Pay 13.8
85 & over 32.2	Other 0.0
	TOTAL PATIENTS 276

Males 34.6% Females 65.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 0.5%
Cancer 2.8	Genitourinary Sys. 0.0
Diabetes 1.9	Preg. & Childbirth 0.0
Diseases of Blood 1.4	Arthropathies 13.7
Dementia/Alzheimers 7.6	Osteopathies 3.3
Psychoses/Neuroses 6.2	Perinatal Period 0.0
Central Nervous Sys. 5.2	Ill-Defined Cond. 5.7
Paralysis/CP 5.2	Fractures 0.9
Cardiovascular 12.8	Wounds, Burns 2.4
Stroke 4.7	Compl. of Surgery 0.0
Respiratory 7.6	Other Conditions 17.1

**REVENUE**

Billings \$	1,842,286
Disallowances	298,648
Collections	1,543,638
Other	2,318
Total	1,545,956

**EXPENSES**

Total \$	1,581,983
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.8
Licensed Practical Nurses	0.0
Home Health Aides	0.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	15.0
Homemakers	17.9
Other Staff	4.0
TOTAL FTEs	41.4



**Lakeview Medical Center**

1100 North Main Street  
Rice Lake WI 54868

Barron County

(715) 236-6256

**COUNTIES SERVED**

Barron  
Burnett  
Rusk  
Sawyer  
Washburn

License Number: 151  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 47  
Number of unduplicated patients in 1999 = 345

**TOTAL NUMBER OF ADMISSIONS** 368

**PERCENT ADMISSIONS FROM:**

Private Residences 23.6%  
General Hospitals 65.8  
Nursing Homes 7.3  
Other 3.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	343	4,585	13.4
Home Health Aide	147	5,079	34.6
Physical Therapy	119	297	2.5
Spch/Occ/Resp Therapy	48	210	4.4
Medical Social Service	36	62	1.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>10,233</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 375

**PERCENT DISCHARGES TO:**

Private Residences 64.0%  
General Hospitals 17.9  
Nursing Homes 4.0  
Deaths 3.5  
Other 10.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.4%	Medicare 70.3%
4 to 24 2.0	Medicaid 6.3
25 to 54 8.7	Other Federal 0.0
55 to 64 10.4	State Funds 0.0
65 to 74 22.6	Private Insurance 17.6
75 to 84 34.5	Self Pay 5.5
85 & over 20.3	Other 0.3
	<b>TOTAL PATIENTS 364</b>

Males 38.0% Females 62.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.2%	Digestive Disorders 2.3%
Cancer 11.9	Genitourinary Sys. 1.4
Diabetes 2.6	Preg. & Childbirth 0.3
Diseases of Blood 0.6	Arthropathies 13.6
Dementia/Alzheimers 0.3	Osteopathies 1.7
Psychoses/Neuroses 0.9	Perinatal Period 0.0
Central Nervous Sys. 0.6	Ill-Defined Cond. 5.2
Paralysis/CP 0.9	Fractures 5.5
Cardiovascular 13.3	Wounds, Burns 3.5
Stroke 2.3	Compl. of Surgery 2.6
Respiratory 13.6	Other Conditions 15.7

**REVENUE**

Billings	\$ 1,076,900
Disallowances	301,497
Collections	775,403
Other	6,728
<b>Total</b>	<b>782,131</b>

**EXPENSES**

<b>Total</b>	<b>\$ 871,577</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.2
Licensed Practical Nurses	0.0
Home Health Aides	5.6
Physical Therapists	0.2
Occupational Therapists	0.1
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
<b>TOTAL FTEs</b>	<b>17.2</b>

**Bayfield County Health Department**

117 East 5th Street, P. O. Box 403

Washburn WI 54891

Bayfield County

**COUNTIES SERVED**

Bayfield

(715) 373-6109

License Number: 11

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 6

Number of unduplicated patients in 1999 = 109

**TOTAL NUMBER OF ADMISSIONS** 109**PERCENT ADMISSIONS FROM:**

Private Residences 20.2%

General Hospitals 66.1

Nursing Homes 8.3

Other 5.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	104	1,100	10.6
Home Health Aide	40	791	19.8
Physical Therapy	34	170	5.0
Spch/Occ/Resp Therapy	12	54	4.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	17	468	27.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>2,583</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 116

**PERCENT DISCHARGES TO:**

Private Residences 74.1%

General Hospitals 20.7

Nursing Homes 2.6

Deaths 0.9

Other 1.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 77.3%
4 to 24 0.9	Medicaid 8.1
25 to 54 6.4	Other Federal 2.0
55 to 64 8.3	State Funds 0.0
65 to 74 22.0	Private Insurance 7.6
75 to 84 35.8	Self Pay 5.1
85 & over 27.5	Other 0.0
	<b>TOTAL PATIENTS</b> 198

Males 36.7% Females 63.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 1.8%
Cancer 5.5	Genitourinary Sys. 8.3
Diabetes 3.7	Preg. & Childbirth 0.0
Diseases of Blood 3.7	Arthropathies 19.3
Dementia/Alzheimers 0.0	Osteopathies 5.5
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.9	Ill-Defined Cond. 1.8
Paralysis/CP 0.9	Fractures 11.9
Cardiovascular 11.9	Wounds, Burns 0.9
Stroke 3.7	Compl. of Surgery 2.8
Respiratory 13.8	Other Conditions 2.8

**REVENUE**

Billings \$	223,685
Disallowances	73,575
Collections	150,110
Other	0
<b>Total</b>	<b>150,110</b>

**EXPENSES**

<b>Total</b> \$	<b>304,139</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	1.4
Licensed Practical Nurses	0.0
Home Health Aides	0.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTEs</b>	<b>4.7</b>

**Bellin Home Health Agency**

744 South Webster Avenue, Box 23400

Green Bay WI 54305

Brown County

(920) 433-3480

License Number: 14

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 44

Number of unduplicated patients in 1999 = 744

**COUNTIES SERVED**

Brown

Door

Kewaunee

Manitowoc

Marinette

Oconto

Outagamie

Racine

Shawano

**TOTAL NUMBER OF ADMISSIONS** 904**PERCENT ADMISSIONS FROM:**

Private Residences 7.0%

General Hospitals 54.1

Nursing Homes 2.3

Other 36.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	677	5,859	8.7
Home Health Aide	156	5,317	34.1
Physical Therapy	165	1,127	6.8
Spch/Occ/Resp Therapy	32	182	5.7
Medical Social Service	49	123	2.5
Private Duty Nursing	1	36	36.0
Personal Care/PC RN Supv.	16	1,056	66.0
Other Home Health Care	2	12	6.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>13,712</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 810

**PERCENT DISCHARGES TO:**

Private Residences 73.2%

General Hospitals 19.3

Nursing Homes 1.1

Deaths 1.4

Other 5.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.5%	Medicare 62.1%
4 to 24 6.2	Medicaid 8.5
25 to 54 15.6	Other Federal 1.5
55 to 64 11.0	State Funds 0.1
65 to 74 16.7	Private Insurance 22.0
75 to 84 29.8	Self Pay 2.6
85 & over 17.2	Other 3.2
	<b>TOTAL PATIENTS 744</b>

Males 46.4% Females 53.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.3%	Digestive Disorders 7.0%
Cancer 10.5	Genitourinary Sys. 3.4
Diabetes 3.8	Preg. & Childbirth 1.2
Diseases of Blood 0.9	Arthropathies 10.9
Dementia/Alzheimers 0.1	Osteopathies 3.5
Psychoses/Neuroses 0.7	Perinatal Period 1.1
Central Nervous Sys. 2.4	Ill-Defined Cond. 4.6
Paralysis/CP 2.8	Fractures 5.0
Cardiovascular 21.1	Wounds, Burns 3.2
Stroke 1.3	Compl. of Surgery 1.1
Respiratory 9.4	Other Conditions 4.7

**REVENUE**

Billings \$	828,866
Disallowances	150,084
Collections	678,782
Other	27,880
<b>Total</b>	<b>706,662</b>

**EXPENSES**

<b>Total \$</b>	<b>1,329,109</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.4
Registered Nurses	8.9
Licensed Practical Nurses	0.5
Home Health Aides	7.4
Physical Therapists	1.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	0.0
Personal Care Workers	1.0
Homemakers	0.0
Other Staff	5.3
<b>TOTAL FTEs</b>	<b>28.3</b>

**Home Care Advantage, Inc.**

120 South Webster Avenue  
Green Bay WI 54301

Brown County

**COUNTIES SERVED**

Brown

(920) 437-0496

License Number: 154  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 21  
Number of unduplicated patients in 1999 = 69

**TOTAL NUMBER OF ADMISSIONS** 47**PERCENT ADMISSIONS FROM:**

Private Residences 55.3%  
General Hospitals 19.1  
Nursing Homes 19.1  
Other 6.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	52	1,792	34.5
Home Health Aide	8	188	23.5
Physical Therapy	7	33	4.7
Spch/Occ/Resp Therapy	5	3,594	718.8
Medical Social Service	0	0	0.0
Private Duty Nursing	21	1,345	64.0
Personal Care/PC RN Supv.	23	6,759	293.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,711	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 41

**PERCENT DISCHARGES TO:**

Private Residences 39.0%  
General Hospitals 39.0  
Nursing Homes 4.9  
Deaths 7.3  
Other 9.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.4%	Medicare 36.2%
4 to 24 5.8	Medicaid 11.6
25 to 54 13.0	Other Federal 0.0
55 to 64 4.3	State Funds 0.0
65 to 74 14.5	Private Insurance 4.3
75 to 84 40.6	Self Pay 47.8
85 & over 20.3	Other 0.0
	TOTAL PATIENTS 69

Males 75.4% Females 24.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.4%
Cancer 7.2	Genitourinary Sys. 2.9
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 2.9	Arthropathies 7.2
Dementia/Alzheimers 1.4	Osteopathies 0.0
Psychoses/Neuroses 2.9	Perinatal Period 0.0
Central Nervous Sys. 8.7	Ill-Defined Cond. 1.4
Paralysis/CP 1.4	Fractures 11.6
Cardiovascular 17.4	Wounds, Burns 1.4
Stroke 5.8	Compl. of Surgery 0.0
Respiratory 5.8	Other Conditions 20.3

**REVENUE**

Billings \$	1,554,628
Disallowances	200,540
Collections	1,354,088
Other	29,189
Total	1,383,277

**EXPENSES**

Total \$	1,476,610
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.4
Licensed Practical Nurses	11.2
Home Health Aides	0.0
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	6.1
Homemakers	0.0
Other Staff	4.6
TOTAL FTEs	30.4

**Interim Healthcare**

2670 South Ashland Avenue, #203

Green Bay WI 54304

Brown County

(920) 494-9444

**COUNTIES SERVED**

Brown

Calumet

Kewaunee

Oconto

Outagamie

License Number: 266

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 14

Number of unduplicated patients in 1999 = 86

**TOTAL NUMBER OF ADMISSIONS** 57**PERCENT ADMISSIONS FROM:**

Private Residences 29.8%

General Hospitals 38.6

Nursing Homes 5.3

Other 26.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	71	4,673	65.8
Home Health Aide	25	8,767	350.7
Physical Therapy	18	238	13.2
Spch/Occ/Resp Therapy	6	30	5.0
Medical Social Service	0	0	0.0
Private Duty Nursing	6	1,073	178.8
Personal Care/PC RN Supv.	20	1,292	64.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	16,073	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 63

**PERCENT DISCHARGES TO:**

Private Residences 38.1%

General Hospitals 25.4

Nursing Homes 9.5

Deaths 4.8

Other 22.2

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.7%	Medicare 23.6%
4 to 24 5.8	Medicaid 50.0
25 to 54 26.7	Other Federal 0.0
55 to 64 8.1	State Funds 4.7
65 to 74 19.8	Private Insurance 13.2
75 to 84 12.8	Self Pay 8.5
85 & over 22.1	Other 0.0
	TOTAL PATIENTS 106

Males 51.2% Females 48.8 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.2%	Digestive Disorders 0.0%
Cancer 1.2	Genitourinary Sys. 0.0
Diabetes 7.0	Preg. & Childbirth 0.0
Diseases of Blood 1.2	Arthropathies 8.1
Dementia/Alzheimers 4.7	Osteopathies 5.8
Psychoses/Neuroses 1.2	Perinatal Period 0.0
Central Nervous Sys. 4.7	Ill-Defined Cond. 7.0
Paralysis/CP 11.6	Fractures 3.5
Cardiovascular 8.1	Wounds, Burns 5.8
Stroke 2.3	Compl. of Surgery 2.3
Respiratory 7.0	Other Conditions 17.4

**REVENUE**

Billings	\$ 1,190,973
Disallowances	354,008
Collections	836,965
Other	22,485
Total	859,450

**EXPENSES**

Total	\$ 902,803
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	5.6
Licensed Practical Nurses	2.9
Home Health Aides	7.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.9
TOTAL FTEs	20.6

**St. Vincent Hospital Home Health Care**

1927 South Webster Avenue  
Green Bay WI 54307

Brown County

(920) 448-7000

License Number: 35

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 127

Number of unduplicated patients in 1999 = 2,473

**COUNTIES SERVED**

Brown

Door

Kewaunee

Manitowoc

Marinette

Oconto

Outagamie

Shawano

**TOTAL NUMBER OF ADMISSIONS** 2,483**PERCENT ADMISSIONS FROM:**

Private Residences 26.5%

General Hospitals 67.6

Nursing Homes 5.1

Other 0.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2,473	17,557	7.1
Home Health Aide	321	8,239	25.7
Physical Therapy	670	6,402	9.6
Spch/Occ/Resp Therapy	429	5,285	12.3
Medical Social Service	227	787	3.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	212	11,881	56.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>50,151</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 2,473

**PERCENT DISCHARGES TO:**

Private Residences 86.3%

General Hospitals 4.4

Nursing Homes 2.5

Deaths 1.5

Other 5.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 31.5%	Medicare 43.2%
4 to 24 3.2	Medicaid 6.8
25 to 54 9.1	Other Federal 0.2
55 to 64 5.3	State Funds 0.0
65 to 74 10.8	Private Insurance 44.9
75 to 84 22.7	Self Pay 4.5
85 & over 17.4	Other 0.5
	<b>TOTAL PATIENTS</b> 2,663

Males 45.2% Females 54.8 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 3.1%	Digestive Disorders 0.8%
Cancer 4.9	Genitourinary Sys. 2.3
Diabetes 8.2	Preg. & Childbirth 0.6
Diseases of Blood 1.0	Arthropathies 7.0
Dementia/Alzheimers 0.1	Osteopathies 0.0
Psychoses/Neuroses 0.5	Perinatal Period 31.5
Central Nervous Sys. 1.8	Ill-Defined Cond. 2.2
Paralysis/CP 0.3	Fractures 6.1
Cardiovascular 0.0	Wounds, Burns 2.8
Stroke 4.0	Compl. of Surgery 2.9
Respiratory 3.8	Other Conditions 16.0

**REVENUE**

Billings	\$ 3,749,965
Disallowances	463,172
Collections	3,286,793
Other	11,153
<b>Total</b>	<b>3,297,946</b>

**EXPENSES**

<b>Total</b>	<b>\$ 3,831,671</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	20.4
Licensed Practical Nurses	0.3
Home Health Aides	4.5
Physical Therapists	6.0
Occupational Therapists	2.1
Speech Pathologists	1.9
Respiratory Therapists	0.0
Medical Social Workers	1.4
Other Therapeutic Staff	1.0
Personal Care Workers	4.7
Homemakers	0.0
Other Staff	10.0
<b>TOTAL FTEs</b>	<b>54.3</b>

Visiting Nurses of Family Services of NE Wisconsin, Inc  
 300 Crooks Street  
 Green Bay WI 54301

Brown County

COUNTIES SERVED

Brown  
 Oconto

(920) 436-4364

License Number: 39  
 Ownership of Agency: Nonprofit Private  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 29  
 Number of unduplicated patients in 1999 = 122

TOTAL NUMBER OF ADMISSIONS 76

PERCENT ADMISSIONS FROM:

Private Residences	53.9%
General Hospitals	22.4
Nursing Homes	21.1
Other	2.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	103	1,712	16.6
Home Health Aide	43	6,722	156.3
Physical Therapy	21	271	12.9
Spch/Occ/Resp Therapy	4	11	2.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	20	2,094	104.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	37	3,137	84.8
TOTAL	XXXXXXX	13,947	XXXXX

TOTAL NUMBER OF DISCHARGES

(Including Deaths) 74

PERCENT DISCHARGES TO:

Private Residences	54.1%
General Hospitals	28.4
Nursing Homes	8.1
Deaths	1.4
Other	8.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 34.3%
4 to 24 1.6	Medicaid 19.6
25 to 54 10.7	Other Federal 0.0
55 to 64 7.4	State Funds 11.9
65 to 74 13.1	Private Insurance 8.4
75 to 84 39.3	Self Pay 25.9
85 & over 27.0	Other 0.0
	TOTAL PATIENTS 143

Males 32.0% Females 68.0 %

PRIMARY DIAGNOSIS

Infectious Disorders 1.6%	Digestive Disorders 0.8%
Cancer 4.9	Genitourinary Sys. 1.6
Diabetes 9.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 7.4
Dementia/Alzheimers 1.6	Osteopathies 2.5
Psychoses/Neuroses 4.1	Perinatal Period 0.8
Central Nervous Sys. 1.6	Ill-Defined Cond. 5.7
Paralysis/CP 7.4	Fractures 7.4
Cardiovascular 18.0	Wounds, Burns 2.5
Stroke 4.9	Compl. of Surgery 0.0
Respiratory 4.9	Other Conditions 12.3

REVENUE

Billings \$	881,742
Disallowances	285,080
Collections	596,662
Other	94,930
Total	691,592

EXPENSES

Total \$	698,727
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STAFFING

FTEs

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.8
Licensed Practical Nurses	1.8
Home Health Aides	10.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	2.0
Other Staff	1.6
TOTAL FTEs	20.6

**Woodside Home Health Agency**

1031 Anderson Drive, 307A

Green Bay WI 54304

Brown County

**COUNTIES SERVED**

Brown

(920) 499-0975

License Number: 311

Ownership of Agency: Nonprofit Church/Corp

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 20

Number of unduplicated patients in 1999 = 56

**TOTAL NUMBER OF ADMISSIONS** 69**PERCENT ADMISSIONS FROM:**

Private Residences	29.0%
General Hospitals	27.5
Nursing Homes	26.1
Other	17.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	55	1,956	35.6
Home Health Aide	33	2,922	88.5
Physical Therapy	21	120	5.7
Spch/Occ/Resp Therapy	13	64	4.9
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	8	338	42.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,400	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 55

**PERCENT DISCHARGES TO:**

Private Residences	20.0%
General Hospitals	20.0
Nursing Homes	14.5
Deaths	1.8
Other	43.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 73.9%
4 to 24 10.7	Medicaid 17.4
25 to 54 12.5	Other Federal 1.4
55 to 64 1.8	State Funds 1.4
65 to 74 3.6	Private Insurance 4.3
75 to 84 41.1	Self Pay 1.4
85 & over 30.4	Other 0.0
	TOTAL PATIENTS 69

Males 35.7% Females 64.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 1.8	Genitourinary Sys. 5.4
Diabetes 5.4	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 3.6
Dementia/Alzheimers 3.6	Osteopathies 0.0
Psychoses/Neuroses 1.8	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 8.9
Paralysis/CP 16.1	Fractures 12.5
Cardiovascular 12.5	Wounds, Burns 7.1
Stroke 5.4	Compl. of Surgery 0.0
Respiratory 8.9	Other Conditions 7.1

**REVENUE**

Billings \$	346,829
Disallowances	52,694
Collections	294,135
Other	278
Total	294,413

**EXPENSES**

Total \$	253,332
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	1.9
Licensed Practical Nurses	0.0
Home Health Aides	3.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.6
Homemakers	0.0
Other Staff	1.0
TOTAL FTEs	8.8



**Burnett County DHHS**

7410 County Road K, #280  
Siren WI 54872

Burnett County

**COUNTIES SERVED**

Burnett

(715) 349-7600

License Number: 41  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 10  
Number of unduplicated patients in 1999 = 116

**TOTAL NUMBER OF ADMISSIONS** 119

**PERCENT ADMISSIONS FROM:**

Private Residences 26.1%  
General Hospitals 67.2  
Nursing Homes 6.7  
Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	116	1,132	9.8
Home Health Aide	60	1,958	32.6
Physical Therapy	38	377	9.9
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>3,467</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 121

**PERCENT DISCHARGES TO:**

Private Residences 71.1%  
General Hospitals 14.9  
Nursing Homes 5.8  
Deaths 2.5  
Other 5.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 59.5%
4 to 24 3.4	Medicaid 10.3
25 to 54 3.4	Other Federal 8.6
55 to 64 11.2	State Funds 0.0
65 to 74 31.0	Private Insurance 12.1
75 to 84 31.0	Self Pay 9.5
85 & over 19.8	Other 0.0
	<b>TOTAL PATIENTS</b> 116

Males 48.3% Females 51.7 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.6%	Digestive Disorders 2.6%
Cancer 9.5	Genitourinary Sys. 5.2
Diabetes 2.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 13.8
Dementia/Alzheimers 0.0	Osteopathies 1.7
Psychoses/Neuroses 2.6	Perinatal Period 0.0
Central Nervous Sys. 2.6	Ill-Defined Cond. 3.4
Paralysis/CP 0.0	Fractures 8.6
Cardiovascular 12.9	Wounds, Burns 6.9
Stroke 6.9	Compl. of Surgery 5.2
Respiratory 8.6	Other Conditions 4.3

**REVENUE**

Billings \$	248,133
Disallowances	60,547
Collections	187,586
Other	24,685
<b>Total</b>	<b>212,271</b>

**EXPENSES**

<b>Total</b> \$	<b>307,893</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	1.9
Licensed Practical Nurses	0.0
Home Health Aides	1.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTEs</b>	<b>5.8</b>

**Calumet County Health Department/HHC**

206 Court Street, Courthouse

Chilton WI 53014

Calumet County

(920) 849-1424

**COUNTIES SERVED**

Calumet

Fond du Lac

Sheboygan

License Number: 42  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 22  
 Number of unduplicated patients in 1999 = 183

**TOTAL NUMBER OF ADMISSIONS** 153**PERCENT ADMISSIONS FROM:**

Private Residences 56.2%  
 General Hospitals 32.7  
 Nursing Homes 8.5  
 Other 2.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	171	2,307	13.5
Home Health Aide	104	4,032	38.8
Physical Therapy	36	306	8.5
Spch/Occ/Resp Therapy	9	73	8.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	44	1,522	34.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	8,240	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 162

**PERCENT DISCHARGES TO:**

Private Residences 48.8%  
 General Hospitals 33.3  
 Nursing Homes 7.4  
 Deaths 4.9  
 Other 5.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 55.0%
4 to 24 1.6	Medicaid 13.2
25 to 54 6.6	Other Federal 7.9
55 to 64 8.7	State Funds 0.0
65 to 74 18.0	Private Insurance 10.7
75 to 84 45.4	Self Pay 13.2
85 & over 19.7	Other 0.0
	TOTAL PATIENTS 242

Males 38.8% Females 61.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.1%	Digestive Disorders 1.1%
Cancer 8.7	Genitourinary Sys. 2.7
Diabetes 3.8	Preg. & Childbirth 0.0
Diseases of Blood 1.6	Arthropathies 13.7
Dementia/Alzheimers 0.5	Osteopathies 2.2
Psychoses/Neuroses 0.5	Perinatal Period 0.0
Central Nervous Sys. 2.2	Ill-Defined Cond. 11.5
Paralysis/CP 1.6	Fractures 6.0
Cardiovascular 20.2	Wounds, Burns 4.4
Stroke 4.4	Compl. of Surgery 0.0
Respiratory 4.9	Other Conditions 8.7

**REVENUE**

Billings \$	421,985
Disallowances	93,907
Collections	328,078
Other	49,381
Total	377,459

**EXPENSES**

Total \$	508,289
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.9
Licensed Practical Nurses	0.0
Home Health Aides	4.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
TOTAL FTEs	10.3

**Calumet Medical Center Health Care Services**

614 Memorial Drive

Chilton WI 53014

Calumet County

(920) 849-7505

**COUNTIES SERVED**

Calumet

Fond du Lac

Manitowoc

Sheboygan

License Number: 174  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 22  
 Number of unduplicated patients in 1999 = 219

**TOTAL NUMBER OF ADMISSIONS** 231**PERCENT ADMISSIONS FROM:**

Private Residences 6.9%  
 General Hospitals 54.1  
 Nursing Homes 2.6  
 Other 36.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	140	1,686	12.0
Home Health Aide	48	1,055	22.0
Physical Therapy	24	137	5.7
Spch/Occ/Resp Therapy	6	16	2.7
Medical Social Service	9	37	4.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	108	2,348	21.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	68	2,605	38.3
TOTAL	XXXXXXX	7,884	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 177

**PERCENT DISCHARGES TO:**

Private Residences 57.1%  
 General Hospitals 6.8  
 Nursing Homes 13.6  
 Deaths 3.4  
 Other 19.2

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 54.9%
4 to 24 0.5	Medicaid 7.7
25 to 54 9.1	Other Federal 0.0
55 to 64 9.1	State Funds 9.3
65 to 74 17.8	Private Insurance 13.0
75 to 84 36.1	Self Pay 15.0
85 & over 27.4	Other 0.0
	TOTAL PATIENTS 246

Males 47.0% Females 53.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.4%
Cancer 10.5	Genitourinary Sys. 0.9
Diabetes 2.3	Preg. & Childbirth 0.0
Diseases of Blood 0.5	Arthropathies 5.9
Dementia/Alzheimers 0.9	Osteopathies 1.8
Psychoses/Neuroses 0.5	Perinatal Period 0.0
Central Nervous Sys. 1.8	Ill-Defined Cond. 16.9
Paralysis/CP 0.5	Fractures 5.5
Cardiovascular 17.8	Wounds, Burns 5.5
Stroke 2.3	Compl. of Surgery 0.0
Respiratory 4.6	Other Conditions 20.5

**REVENUE**

Billings \$	412,277
Disallowances	119,379
Collections	292,898
Other	0
Total	292,898

**EXPENSES**

Total \$	346,653
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**STAFFING****FTEs**

Administrators	0.1
Reg. Nurse Supervisors	1.0
Registered Nurses	2.9
Licensed Practical Nurses	0.0
Home Health Aides	0.7
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.0
Homemakers	1.6
Other Staff	1.8
TOTAL FTEs	9.3

**Chippewa County Department/Public Health**  
 711 North Bridge Street, Room 222  
 Chippewa Falls WI 54729 Chippewa County

**COUNTIES SERVED**  
 Chippewa

(715) 726-7900

License Number: 43  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 59  
 Number of unduplicated patients in 1999 = 412

**TOTAL NUMBER OF ADMISSIONS** 294

**PERCENT ADMISSIONS FROM:**

Private Residences	66.0%
General Hospitals	17.7
Nursing Homes	13.9
Other	2.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	395	4,024	10.2
Home Health Aide	205	7,931	38.7
Physical Therapy	33	271	8.2
Spch/Occ/Resp Therapy	8	54	6.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	179	5,293	29.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	17,573	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 306

**PERCENT DISCHARGES TO:**

Private Residences	67.6%
General Hospitals	4.9
Nursing Homes	19.3
Deaths	4.6
Other	3.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 47.1%
4 to 24 1.5	Medicaid 38.2
25 to 54 7.5	Other Federal 0.7
55 to 64 5.3	State Funds 0.2
65 to 74 17.7	Private Insurance 5.1
75 to 84 33.3	Self Pay 8.5
85 & over 34.0	Other 0.2
	TOTAL PATIENTS 544

Males 39.1% Females 60.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 2.9%
Cancer 0.0	Genitourinary Sys. 2.2
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 21.1
Dementia/Alzheimers 0.0	Osteopathies 0.5
Psychoses/Neuroses 0.5	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 21.6
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 14.1	Wounds, Burns 14.1
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 7.0	Other Conditions 16.0

**REVENUE**

Billings \$	923,551
Disallowances	251,531
Collections	672,020
Other	0
Total	672,020

**EXPENSES**

Total \$	858,165
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**STAFFING**

**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	8.5
Licensed Practical Nurses	0.0
Home Health Aides	7.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.5
Homemakers	0.0
Other Staff	4.0
TOTAL FTEs	24.1

**St. Joseph's Hospital Home Health Agency**

2661 County Highway I

Chippewa Falls WI 54729

Chippewa County

(715) 726-3485

License Number: 158

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 60

Number of unduplicated patients in 1999 = 805

**COUNTIES SERVED**

Barron

Buffalo

Chippewa

Clark

Dunn

Eau Claire

Pepin

Rusk

Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 970**PERCENT ADMISSIONS FROM:**

Private Residences 30.3%

General Hospitals 55.9

Nursing Homes 11.5

Other 2.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	662	9,483	14.3
Home Health Aide	283	10,856	38.4
Physical Therapy	559	3,604	6.4
Spch/Occ/Resp Therapy	317	2,078	6.6
Medical Social Service	235	421	1.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>26,442</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 975

**PERCENT DISCHARGES TO:**

Private Residences 59.0%

General Hospitals 25.3

Nursing Homes 2.7

Deaths 2.7

Other 10.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.9%	Medicare 74.5%
4 to 24 3.0	Medicaid 10.8
25 to 54 10.8	Other Federal 0.5
55 to 64 9.9	State Funds 0.0
65 to 74 14.2	Private Insurance 11.6
75 to 84 37.0	Self Pay 0.1
85 & over 23.2	Other 2.5
	<b>TOTAL PATIENTS</b> 805

Males 37.5% Females 62.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.5%	Digestive Disorders 2.2%
Cancer 9.8	Genitourinary Sys. 2.4
Diabetes 3.4	Preg. & Childbirth 0.2
Diseases of Blood 0.7	Arthropathies 9.7
Dementia/Alzheimers 0.0	Osteopathies 2.0
Psychoses/Neuroses 0.0	Perinatal Period 0.5
Central Nervous Sys. 0.7	Ill-Defined Cond. 6.8
Paralysis/CP 2.0	Fractures 5.8
Cardiovascular 17.6	Wounds, Burns 4.1
Stroke 3.0	Compl. of Surgery 2.4
Respiratory 10.8	Other Conditions 14.3

**REVENUE**

Billings \$	2,082,840
Disallowances	391,284
Collections	1,691,556
Other	78
<b>Total</b>	<b>1,691,634</b>

**EXPENSES**

<b>Total</b>	<b>\$ 2,327,913</b>
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**STAFFING****FTEs**

Administrators	0.2
Reg. Nurse Supervisors	1.0
Registered Nurses	12.1
Licensed Practical Nurses	1.0
Home Health Aides	5.9
Physical Therapists	3.4
Occupational Therapists	1.0
Speech Pathologists	0.6
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.0
<b>TOTAL FTEs</b>	<b>30.9</b>

**Clark County Home Care Agency**

517 Court Street, Room 105

Neillsville WI 54456

Clark County

**COUNTIES SERVED**

Clark

(715) 743-5105

License Number: 44

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 11

Number of unduplicated patients in 1999 = 119

**TOTAL NUMBER OF ADMISSIONS** 138**PERCENT ADMISSIONS FROM:**

Private Residences 2.9%

General Hospitals 66.7

Nursing Homes 10.1

Other 20.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	119	1,828	15.4
Home Health Aide	55	1,484	27.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	20	159	8.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,471	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 136

**PERCENT DISCHARGES TO:**

Private Residences 64.0%

General Hospitals 22.1

Nursing Homes 4.4

Deaths 2.2

Other 7.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.7%	Medicare 91.0%
4 to 24 0.8	Medicaid 5.2
25 to 54 6.7	Other Federal 0.0
55 to 64 3.4	State Funds 0.0
65 to 74 20.2	Private Insurance 3.2
75 to 84 41.2	Self Pay 0.6
85 & over 26.1	Other 0.0
	TOTAL PATIENTS 155

Males 36.1% Females 63.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 7.6%	Digestive Disorders 5.0%
Cancer 8.4	Genitourinary Sys. 4.2
Diabetes 5.9	Preg. & Childbirth 0.0
Diseases of Blood 5.9	Arthropathies 7.6
Dementia/Alzheimers 0.8	Osteopathies 0.8
Psychoses/Neuroses 1.7	Perinatal Period 0.0
Central Nervous Sys. 1.7	Ill-Defined Cond. 4.2
Paralysis/CP 0.0	Fractures 4.2
Cardiovascular 16.8	Wounds, Burns 7.6
Stroke 3.4	Compl. of Surgery 0.0
Respiratory 14.3	Other Conditions 0.0

**REVENUE**

Billings \$	213,257
Disallowances	62,610
Collections	150,647
Other	8,792
Total	159,439

**EXPENSES**

Total \$	287,482
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**STAFFING****FTEs**

Administrators	0.2
Reg. Nurse Supervisors	1.0
Registered Nurses	1.1
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTEs	4.7

**Memorial Hospital, Inc.**

216 Sunset Place  
Neillsville WI 54456

Clark County

**COUNTIES SERVED**

Clark  
Eau Claire

(715) 743-3101

License Number: 146

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 7

Number of unduplicated patients in 1999 = 42

**TOTAL NUMBER OF ADMISSIONS** 32**PERCENT ADMISSIONS FROM:**

Private Residences	31.3%
General Hospitals	37.5
Nursing Homes	31.3
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	42	583	13.9
Home Health Aide	17	794	46.7
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>1,377</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 38

**PERCENT DISCHARGES TO:**

Private Residences	55.3%
General Hospitals	5.3
Nursing Homes	28.9
Deaths	7.9
Other	2.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 95.2%
4 to 24 0.0	Medicaid 2.4
25 to 54 2.4	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 16.7	Private Insurance 0.0
75 to 84 33.3	Self Pay 2.4
85 & over 47.6	Other 0.0
	<b>TOTAL PATIENTS</b> 42

Males 31.0% Females 69.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 7.1	Genitourinary Sys. 4.8
Diabetes 11.9	Preg. & Childbirth 0.0
Diseases of Blood 9.5	Arthropathies 7.1
Dementia/Alzheimers 0.0	Osteopathies 2.4
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.4	Ill-Defined Cond. 2.4
Paralysis/CP 0.0	Fractures 2.4
Cardiovascular 26.2	Wounds, Burns 2.4
Stroke 4.8	Compl. of Surgery 2.4
Respiratory 11.9	Other Conditions 2.4

**REVENUE**

Billings \$	104,521
Disallowances	13,457
Collections	91,064
Other	0
<b>Total</b>	<b>91,064</b>

**EXPENSES**

<b>Total</b> \$	<b>116,742</b>
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.6
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
<b>TOTAL FTES</b>	<b>3.6</b>

**Divine Savior Home Care**

128 Eastridge Drive, Suite 100

Portage WI 53901

Columbia County

(608) 745-6400

**COUNTIES SERVED**

Adams

Columbia

Green Lake

Marquette

Sauk

License Number: 328

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 14

Number of unduplicated patients in 1999 = 254

**TOTAL NUMBER OF ADMISSIONS** 300**PERCENT ADMISSIONS FROM:**

Private Residences 37.0%

General Hospitals 49.3

Nursing Homes 11.7

Other 2.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 287

**PERCENT DISCHARGES TO:**

Private Residences 68.3%

General Hospitals 23.7

Nursing Homes 2.4

Deaths 2.4

Other 3.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	254	2,609	10.3
Home Health Aide	239	939	3.9
Physical Therapy	219	692	3.2
Spch/Occ/Resp Therapy	51	137	2.7
Medical Social Service	3	3	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,380	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 82.4%
4 to 24 1.6	Medicaid 1.1
25 to 54 6.3	Other Federal 0.0
55 to 64 7.5	State Funds 0.0
65 to 74 19.7	Private Insurance 9.5
75 to 84 37.8	Self Pay 4.6
85 & over 27.2	Other 2.3
	TOTAL PATIENTS 262

Males 32.3% Females 67.7 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 5.9%	Digestive Disorders 1.6%
Cancer 3.1	Genitourinary Sys. 2.8
Diabetes 0.8	Preg. & Childbirth 0.0
Diseases of Blood 0.4	Arthropathies 18.5
Dementia/Alzheimers 0.0	Osteopathies 2.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.2	Ill-Defined Cond. 2.0
Paralysis/CP 0.0	Fractures 10.2
Cardiovascular 21.7	Wounds, Burns 2.4
Stroke 2.8	Compl. of Surgery 0.8
Respiratory 8.7	Other Conditions 15.4

**REVENUE**

Billings \$	373,328
Disallowances	0
Collections	373,328
Other	0
Total	373,328

**EXPENSES**

Total \$	353,462
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.6
Licensed Practical Nurses	1.0
Home Health Aides	1.4
Physical Therapists	1.0
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTEs	9.3



**Prairie du Chien Memorial Hospital Home Health**  
 705 East Taylor Street  
 Prairie du Chien WI 53821      Crawford County

**COUNTIES SERVED**  
 Crawford  
 Grant  
 Vernon

(608) 357-2000

License Number: 46  
 Ownership of Agency: Nonprofit Private  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 36  
 Number of unduplicated patients in 1999 = 349

**TOTAL NUMBER OF ADMISSIONS** 421

**PERCENT ADMISSIONS FROM:**

Private Residences	1.7%
General Hospitals	79.8
Nursing Homes	2.4
Other	16.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	349	6,934	19.9
Home Health Aide	113	2,052	18.2
Physical Therapy	57	340	6.0
Spch/Occ/Resp Therapy	25	187	7.5
Medical Social Service	45	129	2.9
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	9,642	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 435

**PERCENT DISCHARGES TO:**

Private Residences	60.5%
General Hospitals	31.3
Nursing Homes	2.5
Deaths	1.1
Other	4.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4      4.9%	Medicare      81.3%
4 to 24      0.6	Medicaid      5.0
25 to 54      5.7	Other Federal      0.3
55 to 64      6.3	State Funds      0.0
65 to 74      23.8	Private Insurance      12.8
75 to 84      39.3	Self Pay      0.0
85 & over      19.5	Other      0.6
	TOTAL PATIENTS      358

Males 40.1%      Females 59.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	0.0%	Digestive Disorders	3.4%
Cancer	5.7	Genitourinary Sys.	1.7
Diabetes	3.2	Preg. & Childbirth	0.0
Diseases of Blood	1.4	Arthropathies	7.4
Dementia/Alzheimers	0.3	Osteopathies	2.6
Psychoses/Neuroses	0.3	Perinatal Period	4.3
Central Nervous Sys.	0.6	Ill-Defined Cond.	4.3
Paralysis/CP	0.0	Fractures	8.6
Cardiovascular	23.2	Wounds, Burns	4.3
Stroke	3.7	Compl. of Surgery	2.3
Respiratory	12.0	Other Conditions	10.6

**REVENUE**

Billings	\$ 1,120,473
Disallowances	360,543
Collections	759,930
Other	0
Total	759,930

**EXPENSES**

Total	\$ 1,070,199
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**STAFFING**

**FTEs**

Administrators	0.1
Reg. Nurse Supervisors	1.5
Registered Nurses	7.4
Licensed Practical Nurses	0.0
Home Health Aides	4.5
Physical Therapists	0.1
Occupational Therapists	0.1
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.1
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.5
TOTAL FTEs	17.1

**Catalyst, Inc.**

222 North Midvale Boulevard, Suite 3  
 Madison WI 53705 Dane County

**COUNTIES SERVED**

Dane

(608) 238-8119

License Number: 316  
 Ownership of Agency: Propriety Corp.  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 17  
 Number of unduplicated patients in 1999 = 24

**TOTAL NUMBER OF ADMISSIONS** 9

**PERCENT ADMISSIONS FROM:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	0	0	0.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	57	28.5
Personal Care/PC RN Supv.	46	3,861	83.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>3,918</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 3

**PERCENT DISCHARGES TO:**

Private Residences	100.0%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.2%	Medicare 0.0%
4 to 24 95.8	Medicaid 100.0
25 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 0.0
75 to 84 0.0	Self Pay 0.0
85 & over 0.0	Other 0.0
	<b>TOTAL PATIENTS</b> 24

Males 62.5% Females 37.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 29.2	Perinatal Period 4.2
Central Nervous Sys. 4.2	Ill-Defined Cond. 8.3
Paralysis/CP 12.5	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 4.2	Other Conditions 37.5

**REVENUE**

Billings \$	282,038
Disallowances	0
Collections	282,038
Other	0
<b>Total</b>	<b>282,038</b>

**EXPENSES**

<b>Total \$</b>	<b>277,868</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	1.2
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	17.7
Homemakers	0.0
Other Staff	0.1
<b>TOTAL FTEs</b>	<b>20.1</b>

**Home Health United-VNS**

4801 Hayes Road  
Madison WI 53704

Dane County

(608) 242-1516

License Number: 176  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of patients visited on 4/14/00 = 318  
Number of unduplicated patients in 1999 = 3,313

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	3,313	54,126	16.3
Home Health Aide	1,050	30,169	28.7
Physical Therapy	1,558	13,504	8.7
Spch/Occ/Resp Therapy	721	4,833	6.7
Medical Social Service	875	2,232	2.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	14	149	10.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	105,013	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.4%	Medicare 74.7%
4 to 24 2.8	Medicaid 4.3
25 to 54 11.3	Other Federal 0.7
55 to 64 7.5	State Funds 0.1
65 to 74 19.8	Private Insurance 19.5
75 to 84 34.4	Self Pay 0.7
85 & over 22.8	Other 0.0
	TOTAL PATIENTS 3,431

Males 40.7% Females 59.3 %

PRIMARY DIAGNOSIS	
Infectious Disorders 2.0%	Digestive Disorders 0.9%
Cancer 7.4	Genitourinary Sys. 3.5
Diabetes 2.7	Preg. & Childbirth 0.1
Diseases of Blood 1.6	Arthropathies 20.8
Dementia/Alzheimers 0.1	Osteopathies 0.8
Psychoses/Neuroses 0.8	Perinatal Period 0.5
Central Nervous Sys. 2.1	Ill-Defined Cond. 5.8
Paralysis/CP 0.2	Fractures 7.0
Cardiovascular 21.2	Wounds, Burns 5.6
Stroke 0.0	Compl. of Surgery 0.5
Respiratory 8.3	Other Conditions 8.1

**COUNTIES SERVED**

Adams  
Columbia  
Crawford  
Dane  
Dodge  
Grant  
Green  
Green Lake  
Iowa  
Jefferson  
Juneau  
Marquette  
Monroe  
Richland  
Rock  
Sauk  
Vernon  
Walworth

TOTAL NUMBER OF ADMISSIONS 3,295

**PERCENT ADMISSIONS FROM:**

Private Residences	2.4%
General Hospitals	71.9
Nursing Homes	23.9
Other	1.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 3,197

**PERCENT DISCHARGES TO:**

Private Residences	78.4%
General Hospitals	5.9
Nursing Homes	6.3
Deaths	4.8
Other	4.6

**STAFFING****FTEs**

Administrators	5.8
Reg. Nurse Supervisors	9.0
Registered Nurses	72.6
Licensed Practical Nurses	4.9
Home Health Aides	38.1
Physical Therapists	10.8
Occupational Therapists	4.2
Speech Pathologists	0.6
Respiratory Therapists	3.0
Medical Social Workers	7.3
Other Therapeutic Staff	1.3
Personal Care Workers	1.4
Homemakers	0.0
Other Staff	29.5
TOTAL FTEs	188.2

**REVENUE**

Billings	\$ 9,483,992
Disallowances	1,293,257
Collections	8,190,735
Other	85,705
Total	8,276,440

**EXPENSES**

Total	\$ 8,509,138
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**Independent Health Care, Inc.**

437 South Yellowstone Drive, #208

Madison WI 53719

Dane County

**COUNTIES SERVED**

Dane

(608) 274-2097

License Number: 294

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 9

Number of unduplicated patients in 1999 = 151

**TOTAL NUMBER OF ADMISSIONS** 160**PERCENT ADMISSIONS FROM:**

Private Residences 41.3%

General Hospitals 26.9

Nursing Homes 31.3

Other 0.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	128	2,828	22.1
Home Health Aide	66	1,491	22.6
Physical Therapy	91	898	9.9
Spch/Occ/Resp Therapy	46	357	7.8
Medical Social Service	14	25	1.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>5,599</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 153

**PERCENT DISCHARGES TO:**

Private Residences 83.0%

General Hospitals 8.5

Nursing Homes 4.6

Deaths 3.3

Other 0.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 94.8%
4 to 24 0.0	Medicaid 0.0
25 to 54 4.6	Other Federal 0.0
55 to 64 4.6	State Funds 1.3
65 to 74 17.2	Private Insurance 1.3
75 to 84 39.7	Self Pay 2.6
85 & over 33.8	Other 0.0
	<b>TOTAL PATIENTS</b> 154

Males 28.5% Females 71.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.3%	Digestive Disorders 2.0%
Cancer 1.3	Genitourinary Sys. 3.3
Diabetes 4.0	Preg. & Childbirth 0.0
Diseases of Blood 2.0	Arthropathies 10.6
Dementia/Alzheimers 0.0	Osteopathies 1.3
Psychoses/Neuroses 4.0	Perinatal Period 0.0
Central Nervous Sys. 0.7	Ill-Defined Cond. 20.5
Paralysis/CP 0.0	Fractures 8.6
Cardiovascular 8.6	Wounds, Burns 13.2
Stroke 3.3	Compl. of Surgery 0.0
Respiratory 6.0	Other Conditions 9.3

**REVENUE**

Billings \$	448,112
Disallowances	18,360
Collections	429,752
Other	271
<b>Total</b>	<b>430,023</b>

**EXPENSES**

<b>Total</b> \$	<b>439,704</b>
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**STAFFING****FTEs**

Administrators	1.7
Reg. Nurse Supervisors	0.0
Registered Nurses	3.0
Licensed Practical Nurses	0.0
Home Health Aides	0.9
Physical Therapists	0.2
Occupational Therapists	0.2
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.8
<b>TOTAL FTEs</b>	<b>7.8</b>

**Interim Healthcare of Madison**  
 702 North Blackhawk Avenue #200  
 Madison WI 53705

Dane County

**COUNTIES SERVED**

Dane

(608) 238-0268

License Number: 206  
 Ownership of Agency: Propriety Corp.  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 22  
 Number of unduplicated patients in 1999 = 96

**TOTAL NUMBER OF ADMISSIONS** 74

**PERCENT ADMISSIONS FROM:**

Private Residences	52.7%
General Hospitals	32.4
Nursing Homes	12.2
Other	2.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	42	5,366	127.8
Home Health Aide	30	3,780	126.0
Physical Therapy	10	173	17.3
Spch/Occ/Resp Therapy	5	43	8.6
Medical Social Service	0	0	0.0
Private Duty Nursing	4	96	24.0
Personal Care/PC RN Supv.	57	5,002	87.8
Other Home Health Care	91	9,458	103.9
Homemkr & Other Non HH	143	11,927	83.4
TOTAL	XXXXXXX	35,845	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 69

**PERCENT DISCHARGES TO:**

Private Residences	49.3%
General Hospitals	30.4
Nursing Homes	7.2
Deaths	10.1
Other	2.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.1%	Medicare 15.5%
4 to 24 9.4	Medicaid 16.6
25 to 54 19.8	Other Federal 0.3
55 to 64 9.4	State Funds 9.8
65 to 74 20.8	Private Insurance 5.4
75 to 84 25.0	Self Pay 52.4
85 & over 13.5	Other 0.0
	TOTAL PATIENTS 296

Males 42.7% Females 57.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.0%
Cancer 6.3	Genitourinary Sys. 3.1
Diabetes 6.3	Preg. & Childbirth 1.0
Diseases of Blood 2.1	Arthropathies 8.3
Dementia/Alzheimers 2.1	Osteopathies 1.0
Psychoses/Neuroses 3.1	Perinatal Period 0.0
Central Nervous Sys. 1.0	Ill-Defined Cond. 2.1
Paralysis/CP 10.4	Fractures 7.3
Cardiovascular 7.3	Wounds, Burns 11.5
Stroke 3.1	Compl. of Surgery 0.0
Respiratory 8.3	Other Conditions 14.6

**REVENUE**

Billings \$	2,314,869
Disallowances	261,138
Collections	2,053,731
Other	0
Total	2,053,731

**EXPENSES**

Total \$	1,954,696
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**STAFFING**

**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.5
Licensed Practical Nurses	2.7
Home Health Aides	9.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.2
Homemakers	11.1
Other Staff	10.9
TOTAL FTEs	43.8

**Meriter Home Care Agency**  
309 West Washington Avenue  
Madison WI 53703

Dane County

(608) 284-3300

License Number: 222  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of patients visited on 4/14/00 = 58  
Number of unduplicated patients in 1999 = 1,154

# **COUNTIES SERVED**

Columbia  
Dane  
Green  
Iowa  
Jefferson  
Rock  
Sauk

**TOTAL NUMBER OF ADMISSIONS** 1,187

## **PERCENT ADMISSIONS FROM:**

Private Residences	21.2%
General Hospitals	59.0
Nursing Homes	16.3
Other	3.5

<b>SERVICES PROVIDED</b>	<b>NO. OF PATIENTS</b>	<b>NO. OF VISITS</b>	<b>VISITS PER PATIENT</b>
Skilled Nursing	1,083	10,748	9.9
Home Health Aide	286	4,738	16.6
Physical Therapy	677	4,117	6.1
Spch/Occ/Resp Therapy	220	1,056	4.8
Medical Social Service	172	313	1.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>20,972</b>	<b>XXXXX</b>

## **TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,177

## **PERCENT DISCHARGES TO:**

Private Residences	79.4%
General Hospitals	12.1
Nursing Homes	2.0
Deaths	1.5
Other	4.9

<b>AGE AND SEX OF PATIENTS</b>	<b>PATIENT REIMBURSEMENT SOURCE</b>
Under 4 2.3%	Medicare 61.4%
4 to 24 2.8	Medicaid 1.9
25 to 54 15.4	Other Federal 0.3
55 to 64 11.6	State Funds 0.0
65 to 74 19.7	Private Insurance 28.3
75 to 84 30.2	Self Pay 7.9
85 & over 18.0	Other 0.2
	<b>TOTAL PATIENTS 1,478</b>

Males 40.3% Females 59.7 %

## **PRIMARY DIAGNOSIS**

Infectious Disorders 2.3%	Digestive Disorders 1.6%
Cancer 5.5	Genitourinary Sys. 2.6
Diabetes 2.0	Preg. & Childbirth 1.0
Diseases of Blood 0.9	Arthropathies 13.7
Dementia/Alzheimers 0.2	Osteopathies 2.3
Psychoses/Neuroses 0.3	Perinatal Period 0.9
Central Nervous Sys. 1.7	Ill-Defined Cond. 18.3
Paralysis/CP 0.4	Fractures 6.1
Cardiovascular 11.3	Wounds, Burns 2.3
Stroke 2.5	Compl. of Surgery 2.2
Respiratory 10.5	Other Conditions 11.8

## **REVENUE**

Billings	\$ 2,007,204
Disallowances	197,968
Collections	1,809,236
Other	6,061
<b>Total</b>	<b>1,815,297</b>

## **EXPENSES**

<b>Total</b>	<b>\$ 1,776,009</b>
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## **STAFFING**

## **FTEs**

Administrators	0.4
Reg. Nurse Supervisors	1.0
Registered Nurses	13.3
Licensed Practical Nurses	0.0
Home Health Aides	4.5
Physical Therapists	4.6
Occupational Therapists	1.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.3
<b>TOTAL FTEs</b>	<b>29.8</b>

**Restorative Care Community Health**

6302 Odana Road  
Madison WI 53719

Dane County

(608) 275-6600

**COUNTIES SERVED**

Columbia  
Dane  
Green  
Sauk

License Number: 191  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 9  
Number of unduplicated patients in 1999 = 127

**TOTAL NUMBER OF ADMISSIONS** 120

**PERCENT ADMISSIONS FROM:**

Private Residences 55.8%  
General Hospitals 6.7  
Nursing Homes 15.0  
Other 22.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	127	820	6.5
Home Health Aide	35	2,073	59.2
Physical Therapy	92	1,237	13.4
Spch/Occ/Resp Therapy	37	635	17.2
Medical Social Service	3	5	1.7
Private Duty Nursing	1	246	246.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	2	371	185.5
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>5,387</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 120

**PERCENT DISCHARGES TO:**

Private Residences 50.8%  
General Hospitals 14.2  
Nursing Homes 4.2  
Deaths 0.8  
Other 30.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.4%	Medicare 68.3%
4 to 24 11.8	Medicaid 24.8
25 to 54 10.2	Other Federal 0.0
55 to 64 7.1	State Funds 0.0
65 to 74 14.2	Private Insurance 5.0
75 to 84 22.8	Self Pay 1.9
85 & over 31.5	Other 0.0
	<b>TOTAL PATIENTS</b> 161

Males 31.5% Females 68.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.6%	Digestive Disorders 0.0%
Cancer 0.8	Genitourinary Sys. 2.4
Diabetes 3.9	Preg. & Childbirth 0.0
Diseases of Blood 0.8	Arthropathies 16.5
Dementia/Alzheimers 0.8	Osteopathies 2.4
Psychoses/Neuroses 0.8	Perinatal Period 0.0
Central Nervous Sys. 12.6	Ill-Defined Cond. 4.7
Paralysis/CP 12.6	Fractures 8.7
Cardiovascular 12.6	Wounds, Burns 0.8
Stroke 2.4	Compl. of Surgery 0.0
Respiratory 5.5	Other Conditions 10.2

**REVENUE**

Billings \$	602,419
Disallowances	163,042
Collections	439,377
Other	1,037
<b>Total</b>	<b>440,414</b>

**EXPENSES**

<b>Total</b> \$	<b>436,079</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.5
Licensed Practical Nurses	0.0
Home Health Aides	0.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.6
<b>TOTAL FTEs</b>	<b>4.4</b>

**University Hospital Home Health Agency**

3330 University Avenue, Suite 300

Madison WI 53705

Dane County

(608) 262-8116

**COUNTIES SERVED**

Columbia

Dane

Green

Rock

Sauk

License Number: 252  
 Ownership of Agency: State  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 61  
 Number of unduplicated patients in 1999 = 1,029

**TOTAL NUMBER OF ADMISSIONS** 1,131**PERCENT ADMISSIONS FROM:**

Private Residences 35.5%  
 General Hospitals 54.4  
 Nursing Homes 7.2  
 Other 3.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	945	10,739	11.4
Home Health Aide	138	1,566	11.3
Physical Therapy	378	2,527	6.7
Spch/Occ/Resp Therapy	123	390	3.2
Medical Social Service	36	46	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>15,268</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,102

**PERCENT DISCHARGES TO:**

Private Residences 79.8%  
 General Hospitals 10.7  
 Nursing Homes 1.7  
 Deaths 0.7  
 Other 7.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.1%	Medicare 52.9%
4 to 24 3.7	Medicaid 6.3
25 to 54 30.9	Other Federal 0.0
55 to 64 13.0	State Funds 0.0
65 to 74 19.0	Private Insurance 35.6
75 to 84 21.5	Self Pay 1.7
85 & over 9.8	Other 3.5
	<b>TOTAL PATIENTS 1,029</b>

Males 37.0% Females 63.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.6%	Digestive Disorders 2.2%
Cancer 19.7	Genitourinary Sys. 3.7
Diabetes 2.8	Preg. & Childbirth 0.6
Diseases of Blood 0.9	Arthropathies 11.2
Dementia/Alzheimers 0.0	Osteopathies 1.4
Psychoses/Neuroses 1.0	Perinatal Period 0.0
Central Nervous Sys. 4.0	Ill-Defined Cond. 6.4
Paralysis/CP 1.2	Fractures 5.4
Cardiovascular 11.2	Wounds, Burns 4.1
Stroke 1.7	Compl. of Surgery 1.0
Respiratory 5.6	Other Conditions 15.4

**REVENUE**

Billings \$	1,636,138
Disallowances	399,000
Collections	1,237,138
Other	0
<b>Total</b>	<b>1,237,138</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,814,728</b>
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**STAFFING****FTEs**

Administrators	0.3
Reg. Nurse Supervisors	1.0
Registered Nurses	13.0
Licensed Practical Nurses	2.5
Home Health Aides	1.6
Physical Therapists	4.5
Occupational Therapists	0.5
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.7
<b>TOTAL FTEs</b>	<b>26.2</b>



**Stoughton Hospital Home Health United**

127 Church Street  
Stoughton WI 53589

Dane County

(608) 873-2366

**COUNTIES SERVED**

Dane  
Green  
Jefferson  
Rock

License Number: 341  
Ownership of Agency: Nonprofit Association  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 21  
Number of unduplicated patients in 1999 = 302

**TOTAL NUMBER OF ADMISSIONS** 310

**PERCENT ADMISSIONS FROM:**

Private Residences 0.0%  
General Hospitals 76.1  
Nursing Homes 23.9  
Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	297	3,540	11.9
Home Health Aide	91	1,977	21.7
Physical Therapy	184	1,536	8.3
Spch/Occ/Resp Therapy	57	275	4.8
Medical Social Service	90	210	2.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>7,538</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 319

**PERCENT DISCHARGES TO:**

Private Residences 77.4%  
General Hospitals 3.8  
Nursing Homes 6.3  
Deaths 2.5  
Other 10.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 83.6%
4 to 24 1.3	Medicaid 1.3
25 to 54 6.3	Other Federal 0.0
55 to 64 7.6	State Funds 1.0
65 to 74 19.5	Private Insurance 13.4
75 to 84 35.4	Self Pay 0.7
85 & over 29.8	Other 0.0
	<b>TOTAL PATIENTS 305</b>

Males 40.1% Females 59.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.3%	Digestive Disorders 1.0%
Cancer 5.6	Genitourinary Sys. 2.6
Diabetes 2.0	Preg. & Childbirth 0.0
Diseases of Blood 1.3	Arthropathies 22.5
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.6	Ill-Defined Cond. 3.3
Paralysis/CP 0.0	Fractures 9.6
Cardiovascular 23.8	Wounds, Burns 4.3
Stroke 0.0	Compl. of Surgery 0.3
Respiratory 12.9	Other Conditions 7.6

**REVENUE**

Billings \$	663,349
Disallowances	111,256
Collections	552,093
Other	0
<b>Total</b>	<b>552,093</b>

**EXPENSES**

<b>Total \$</b>	<b>713,843</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	4.6
Licensed Practical Nurses	0.0
Home Health Aides	2.1
Physical Therapists	1.9
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.9
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.3
<b>TOTAL FTEs</b>	<b>11.7</b>

**Hillside Home Health**

709 South University Avenue  
Beaver Dam WI 53916

Dodge County

(414) 887-4050

License Number: 188  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 32  
Number of unduplicated patients in 1999 = 847

**COUNTIES SERVED**

Columbia  
Dane  
Dodge  
Fond du Lac  
Green Lake  
Jefferson  
Milwaukee

**TOTAL NUMBER OF ADMISSIONS** 878

**PERCENT ADMISSIONS FROM:**

Private Residences	10.5%
General Hospitals	41.8
Nursing Homes	4.4
Other	43.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	724	7,206	10.0
Home Health Aide	250	5,590	22.4
Physical Therapy	156	666	4.3
Spch/Occ/Resp Therapy	46	253	5.5
Medical Social Service	14	25	1.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	203	4,765	23.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	25	388	15.5
TOTAL	XXXXXXX	18,893	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 941

**PERCENT DISCHARGES TO:**

Private Residences	74.4%
General Hospitals	17.9
Nursing Homes	2.3
Deaths	1.6
Other	3.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 5.8%	Medicare 66.7%
4 to 24 1.7	Medicaid 7.4
25 to 54 7.7	Other Federal 0.1
55 to 64 8.0	State Funds 0.0
65 to 74 17.2	Private Insurance 16.2
75 to 84 37.0	Self Pay 9.6
85 & over 22.7	Other 0.0
	TOTAL PATIENTS 847

Males 42.0% Females 58.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.6%	Digestive Disorders 1.5%
Cancer 9.2	Genitourinary Sys. 2.0
Diabetes 2.2	Preg. & Childbirth 0.1
Diseases of Blood 0.6	Arthropathies 10.7
Dementia/Alzheimers 0.4	Osteopathies 2.5
Psychoses/Neuroses 0.0	Perinatal Period 4.7
Central Nervous Sys. 2.2	Ill-Defined Cond. 2.5
Paralysis/CP 0.7	Fractures 7.1
Cardiovascular 17.9	Wounds, Burns 4.7
Stroke 3.4	Compl. of Surgery 3.0
Respiratory 9.4	Other Conditions 14.4

**REVENUE**

Billings \$	1,428,977
Disallowances	423,981
Collections	1,004,996
Other	1,060
Total	1,006,056

**EXPENSES**

Total \$	1,380,760
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	8.9
Licensed Practical Nurses	0.0
Home Health Aides	4.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.5
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.1
TOTAL FTEs	21.6

**Marquardt Memorial Manor, Inc.**

1020 Hill Street  
Watertown WI 53098

Dodge County

**COUNTIES SERVED**

Dane  
Dodge  
Jefferson

(920) 261-7108

License Number: 134  
Ownership of Agency: Nonprofit Church/Corp  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 24  
Number of unduplicated patients in 1999 = 139

**TOTAL NUMBER OF ADMISSIONS** 141

**PERCENT ADMISSIONS FROM:**

Private Residences 76.6%  
General Hospitals 14.2  
Nursing Homes 3.5  
Other 5.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	127	2,475	19.5
Home Health Aide	86	2,686	31.2
Physical Therapy	33	379	11.5
Spch/Occ/Resp Therapy	27	299	11.1
Medical Social Service	25	220	8.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	55	2,313	42.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>8,372</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 225

**PERCENT DISCHARGES TO:**

Private Residences 57.8%  
General Hospitals 10.2  
Nursing Homes 13.3  
Deaths 3.6  
Other 15.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 45.9%
4 to 24 0.0	Medicaid 6.7
25 to 54 12.9	Other Federal 0.0
55 to 64 8.6	State Funds 10.3
65 to 74 11.5	Private Insurance 1.5
75 to 84 42.4	Self Pay 35.6
85 & over 24.5	Other 0.0
	<b>TOTAL PATIENTS</b> 194

Males 69.1% Females 30.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 8.6%	Digestive Disorders 2.2%
Cancer 6.5	Genitourinary Sys. 5.8
Diabetes 2.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 7.2
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.9	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 5.8
Cardiovascular 30.2	Wounds, Burns 7.9
Stroke 7.9	Compl. of Surgery 0.0
Respiratory 5.0	Other Conditions 7.9

**REVENUE**

Billings \$	548,390
Disallowances	108,167
Collections	440,223
Other	3,534
<b>Total</b>	<b>443,757</b>

**EXPENSES**

<b>Total \$</b>	<b>410,107</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.9
Licensed Practical Nurses	0.0
Home Health Aides	3.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTEs</b>	<b>8.3</b>

**Watertown Mem. Hosp.-Home Health Program**

125 Hospital Drive

Watertown WI 53098

Dodge County

(920) 262-4262

**COUNTIES SERVED**

Dane

Dodge

Jefferson

Waukesha

License Number: 165  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 18  
 Number of unduplicated patients in 1999 = 252

**TOTAL NUMBER OF ADMISSIONS** 251**PERCENT ADMISSIONS FROM:**

Private Residences 27.1%  
 General Hospitals 65.3  
 Nursing Homes 4.8  
 Other 2.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	212	2,954	13.9
Home Health Aide	86	2,155	25.1
Physical Therapy	60	1,878	31.3
Spch/Occ/Resp Therapy	22	89	4.0
Medical Social Service	4	6	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	63	4,796	76.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	13	840	64.6
TOTAL	XXXXXXX	12,718	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 244

**PERCENT DISCHARGES TO:**

Private Residences 72.1%  
 General Hospitals 20.9  
 Nursing Homes 2.0  
 Deaths 0.8  
 Other 4.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.2%	Medicare 73.7%
4 to 24 2.8	Medicaid 4.7
25 to 54 14.3	Other Federal 0.0
55 to 64 9.9	State Funds 0.0
65 to 74 14.3	Private Insurance 21.2
75 to 84 29.4	Self Pay 0.4
85 & over 26.2	Other 0.0
	TOTAL PATIENTS 274

Males 39.7% Females 60.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.8%	Digestive Disorders 4.0%
Cancer 5.2	Genitourinary Sys. 3.2
Diabetes 2.8	Preg. & Childbirth 0.4
Diseases of Blood 0.0	Arthropathies 5.6
Dementia/Alzheimers 0.0	Osteopathies 2.0
Psychoses/Neuroses 0.0	Perinatal Period 3.2
Central Nervous Sys. 1.6	Ill-Defined Cond. 13.9
Paralysis/CP 0.8	Fractures 9.9
Cardiovascular 24.2	Wounds, Burns 2.8
Stroke 1.6	Compl. of Surgery 7.5
Respiratory 7.9	Other Conditions 2.8

**REVENUE**

Billings \$	771,390
Disallowances	40,441
Collections	730,949
Other	0
Total	730,949

**EXPENSES**

Total \$	702,350
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.5
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	1.0
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.0
Homemakers	1.6
Other Staff	1.0
TOTAL FTEs	11.6

**DCMH Home Health**

100 Egg Harbor Rd. #110  
Sturgeon Bay WI 54235

Door County

**COUNTIES SERVED**

Door  
Kewaunee

(920) 743-7983

License Number: 187  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of patients visited on 4/14/00 = 27  
Number of unduplicated patients in 1999 = 326

**TOTAL NUMBER OF ADMISSIONS** 261

**PERCENT ADMISSIONS FROM:**

Private Residences 9.2%  
General Hospitals 58.2  
Nursing Homes 4.6  
Other 28.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	326	7,856	24.1
Home Health Aide	146	4,107	28.1
Physical Therapy	116	647	5.6
Spch/Occ/Resp Therapy	65	312	4.8
Medical Social Service	94	207	2.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	100	3,513	35.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>16,642</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 278

**PERCENT DISCHARGES TO:**

Private Residences 73.0%  
General Hospitals 3.2  
Nursing Homes 14.0  
Deaths 8.3  
Other 1.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.3%	Medicare 68.1%
4 to 24 2.5	Medicaid 9.0
25 to 54 7.4	Other Federal 0.3
55 to 64 3.7	State Funds 0.0
65 to 74 17.8	Private Insurance 12.3
75 to 84 35.6	Self Pay 9.3
85 & over 32.8	Other 1.0
	<b>TOTAL PATIENTS 398</b>

Males 37.1% Females 62.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.6%	Digestive Disorders 1.2%
Cancer 7.4	Genitourinary Sys. 2.8
Diabetes 4.3	Preg. & Childbirth 0.0
Diseases of Blood 2.8	Arthropathies 9.5
Dementia/Alzheimers 1.2	Osteopathies 1.5
Psychoses/Neuroses 3.1	Perinatal Period 0.6
Central Nervous Sys. 2.1	Ill-Defined Cond. 8.3
Paralysis/CP 1.5	Fractures 7.1
Cardiovascular 18.7	Wounds, Burns 3.4
Stroke 3.4	Compl. of Surgery 2.8
Respiratory 8.9	Other Conditions 8.9

**REVENUE**

Billings	\$ 1,730,363
Disallowances	724,273
Collections	1,006,090
Other	0
<b>Total</b>	<b>1,006,090</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,005,900</b>
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**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	7.0
Licensed Practical Nurses	0.0
Home Health Aides	3.0
Physical Therapists	0.5
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.6
Other Therapeutic Staff	0.0
Personal Care Workers	2.0
Homemakers	0.0
Other Staff	3.4
<b>TOTAL FTEs</b>	<b>18.0</b>

**Porter-Kiehnau Home Care Services**

945 Egg Harbor Road  
Sturgeon Bay WI 54235

Door County

**COUNTIES SERVED**

Door  
Kewaunee

(414) 327-2295

License Number: 1008

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 40

Number of unduplicated patients in 1999 = 114

**TOTAL NUMBER OF ADMISSIONS** 125

**PERCENT ADMISSIONS FROM:**

Private Residences	66.4%
General Hospitals	21.6
Nursing Homes	2.4
Other	9.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	100	1,484	14.8
Home Health Aide	56	3,656	65.3
Physical Therapy	10	52	5.2
Spch/Occ/Resp Therapy	5	21	4.2
Medical Social Service	5	10	2.0
Private Duty Nursing	1	7	7.0
Personal Care/PC RN Supv.	34	1,224	36.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	17	161	9.5
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>6,615</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 61

**PERCENT DISCHARGES TO:**

Private Residences	65.6%
General Hospitals	16.4
Nursing Homes	11.5
Deaths	4.9
Other	1.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 53.4%
4 to 24 4.4	Medicaid 28.4
25 to 54 14.0	Other Federal 0.0
55 to 64 13.2	State Funds 0.0
65 to 74 18.4	Private Insurance 12.9
75 to 84 28.1	Self Pay 5.2
85 & over 21.9	Other 0.0
	<b>TOTAL PATIENTS 116</b>

Males 45.6% Females 54.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 3.5%	Digestive Disorders 0.0%
Cancer 5.3	Genitourinary Sys. 3.5
Diabetes 0.9	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 2.6
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 5.3	Ill-Defined Cond. 0.9
Paralysis/CP 1.8	Fractures 3.5
Cardiovascular 25.4	Wounds, Burns 9.6
Stroke 5.3	Compl. of Surgery 1.8
Respiratory 15.8	Other Conditions 14.9

**REVENUE**

Billings \$	476,974
Disallowances	127,279
Collections	349,695
Other	0
<b>Total</b>	<b>349,695</b>

**EXPENSES**

<b>Total \$</b>	<b>363,017</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	3.4
Licensed Practical Nurses	0.0
Home Health Aides	9.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.6
Other Staff	5.0
<b>TOTAL FTEs</b>	<b>22.2</b>

**Douglas County Health Department - Home Health Care**  
 1313 Belknap Street  
 Superior WI 54880

Douglas County

**COUNTIES SERVED**  
 Douglas

(715) 395-1601

License Number: 50  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 36  
 Number of unduplicated patients in 1999 = 334

**TOTAL NUMBER OF ADMISSIONS** 341

**PERCENT ADMISSIONS FROM:**

Private Residences	0.6%
General Hospitals	26.4
Nursing Homes	7.9
Other	65.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	327	5,676	17.4
Home Health Aide	154	3,736	24.3
Physical Therapy	119	852	7.2
Spch/Occ/Resp Therapy	74	571	7.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,835	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 373

**PERCENT DISCHARGES TO:**

Private Residences	79.4%
General Hospitals	10.7
Nursing Homes	6.7
Deaths	1.3
Other	1.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.2%	Medicare 75.7%
4 to 24 0.0	Medicaid 15.9
25 to 54 5.1	Other Federal 2.7
55 to 64 7.8	State Funds 0.0
65 to 74 11.4	Private Insurance 4.2
75 to 84 44.6	Self Pay 1.5
85 & over 29.9	Other 0.0
	TOTAL PATIENTS 334

Males 34.4% Females 65.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 4.2%
Cancer 7.5	Genitourinary Sys. 2.7
Diabetes 5.1	Preg. & Childbirth 0.6
Diseases of Blood 0.0	Arthropathies 9.6
Dementia/Alzheimers 2.4	Osteopathies 0.0
Psychoses/Neuroses 1.2	Perinatal Period 0.0
Central Nervous Sys. 0.3	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 24.0
Cardiovascular 20.7	Wounds, Burns 4.5
Stroke 4.5	Compl. of Surgery 2.1
Respiratory 6.3	Other Conditions 3.6

**REVENUE**

Billings	\$ 1,368,166
Disallowances	497,459
Collections	870,707
Other	0
Total	870,707

**EXPENSES**

Total	\$ 2,165,599
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**STAFFING**

**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.6
Licensed Practical Nurses	0.0
Home Health Aides	3.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.1
TOTAL FTEs	15.7

**The Dove, Inc.**

1416 Cumming Avenue, Suite 2B  
Superior WI 54880

Douglas County

**COUNTIES SERVED**

Douglas

(715) 392-3133

License Number: 172  
Ownership of Agency: Nonprofit Church  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 60  
Number of unduplicated patients in 1999 = 170

**TOTAL NUMBER OF ADMISSIONS** 122

**PERCENT ADMISSIONS FROM:**

Private Residences 18.0%  
General Hospitals 38.5  
Nursing Homes 9.0  
Other 34.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	130	2,630	20.2
Home Health Aide	46	1,724	37.5
Physical Therapy	36	166	4.6
Spch/Occ/Resp Therapy	13	27	2.1
Medical Social Service	0	0	0.0
Private Duty Nursing	4	1,173	293.3
Personal Care/PC RN Supv.	119	9,141	76.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>14,861</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 95

**PERCENT DISCHARGES TO:**

Private Residences 48.4%  
General Hospitals 29.5  
Nursing Homes 16.8  
Deaths 2.1  
Other 3.2

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 31.7%
4 to 24 4.7	Medicaid 52.0
25 to 54 22.9	Other Federal 0.5
55 to 64 12.4	State Funds 5.0
65 to 74 17.1	Private Insurance 5.0
75 to 84 24.1	Self Pay 5.9
85 & over 18.2	Other 0.0
	<b>TOTAL PATIENTS</b> 202

Males 37.1% Females 62.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.6%
Cancer 2.4	Genitourinary Sys. 1.2
Diabetes 4.7	Preg. & Childbirth 0.0
Diseases of Blood 1.8	Arthropathies 8.2
Dementia/Alzheimers 3.5	Osteopathies 3.5
Psychoses/Neuroses 8.2	Perinatal Period 0.0
Central Nervous Sys. 5.9	Ill-Defined Cond. 6.5
Paralysis/CP 1.8	Fractures 2.4
Cardiovascular 18.2	Wounds, Burns 8.8
Stroke 2.4	Compl. of Surgery 0.0
Respiratory 7.1	Other Conditions 12.9

**REVENUE**

Billings \$	918,324
Disallowances	126,051
Collections	792,273
Other	0
<b>Total</b>	<b>792,273</b>

**EXPENSES**

<b>Total</b> \$	<b>976,668</b>
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**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	3.0
Registered Nurses	4.8
Licensed Practical Nurses	2.4
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	11.8
Homemakers	0.0
Other Staff	4.0
<b>TOTAL FTEs</b>	<b>28.9</b>



**Aurora Community Health, Inc.**

406 Technology Drive, East, #B  
Menomonie WI 54751

Dunn County

(715) 235-4667

License Number: 310  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 118  
Number of unduplicated patients in 1999 = 162

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	16	370	23.1
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	322	114,656	356.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	115,026	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 17.3	Medicaid 99.4
25 to 54 59.3	Other Federal 0.0
55 to 64 13.6	State Funds 0.0
65 to 74 6.8	Private Insurance 0.0
75 to 84 3.1	Self Pay 0.6
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 162

Males 57.4% Females 42.6 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 11.1	Perinatal Period 0.0
Central Nervous Sys. 11.7	Ill-Defined Cond. 0.0
Paralysis/CP 3.1	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 9.3
Stroke 1.9	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 63.0

**COUNTIES SERVED**

Barron  
Burnett  
Clark  
Dunn  
Eau Claire  
Jackson  
Pierce  
Polk  
Portage  
Rusk  
St. Croix  
Sawyer  
Taylor  
Trempealeau  
Washburn

**TOTAL NUMBER OF ADMISSIONS** 18

**PERCENT ADMISSIONS FROM:**

Private Residences	27.8%
General Hospitals	0.0
Nursing Homes	16.7
Other	55.6

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 34

**PERCENT DISCHARGES TO:**

Private Residences	50.0%
General Hospitals	8.8
Nursing Homes	20.6
Deaths	2.9
Other	17.6

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.5
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
<b>TOTAL FTEs</b>	<b>6.0</b>

**REVENUE**

Billings	\$ 3,135,193
Disallowances	0
Collections	3,135,193
Other	0
<b>Total</b>	<b>3,135,193</b>

**EXPENSES**

<b>Total</b>	<b>\$ 3,135,022</b>
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**Dunn County Home Health Care**

800 Wilson Avenue  
Menomonie WI 54751

Dunn County

**COUNTIES SERVED**

Dunn

(715) 232-1518

License Number: 51

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 14

Number of unduplicated patients in 1999 = 216

**TOTAL NUMBER OF ADMISSIONS** 220

**PERCENT ADMISSIONS FROM:**

Private Residences	21.8%
General Hospitals	58.2
Nursing Homes	19.5
Other	0.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	216	3,826	17.7
Home Health Aide	87	2,251	25.9
Physical Therapy	28	188	6.7
Spch/Occ/Resp Therapy	11	92	8.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>6,357</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 227

**PERCENT DISCHARGES TO:**

Private Residences	44.5%
General Hospitals	41.4
Nursing Homes	5.3
Deaths	1.3
Other	7.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 56.5%
4 to 24 2.3	Medicaid 21.8
25 to 54 10.6	Other Federal 1.9
55 to 64 6.0	State Funds 1.4
65 to 74 19.4	Private Insurance 14.8
75 to 84 38.0	Self Pay 3.7
85 & over 23.6	Other 0.0
	<b>TOTAL PATIENTS 216</b>

Males 46.3% Females 53.7 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 3.7%
Cancer 4.6	Genitourinary Sys. 4.6
Diabetes 10.2	Preg. & Childbirth 0.0
Diseases of Blood 0.9	Arthropathies 8.8
Dementia/Alzheimers 0.5	Osteopathies 1.4
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.3	Ill-Defined Cond. 4.2
Paralysis/CP 0.9	Fractures 7.9
Cardiovascular 21.3	Wounds, Burns 3.2
Stroke 3.7	Compl. of Surgery 2.3
Respiratory 7.9	Other Conditions 11.6

**REVENUE**

Billings \$	716,779
Disallowances	215,660
Collections	501,119
Other	71,000
<b>Total</b>	<b>572,119</b>

**EXPENSES**

<b>Total \$</b>	<b>581,248</b>
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**STAFFING****FTEs**

Administrators	1.1
Reg. Nurse Supervisors	0.0
Registered Nurses	3.8
Licensed Practical Nurses	0.3
Home Health Aides	0.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.1
<b>TOTAL FTEs</b>	<b>9.2</b>

**Gentiva Health Services**

392 Red Cedar Street, Suite 4  
Menomonie WI 54751

Dunn County

(715) 235-8077

License Number: 211  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 26  
Number of unduplicated patients in 1999 = 65

**COUNTIES SERVED**

Barron  
Chippewa  
Dunn  
Eau Claire  
Pierce  
St. Croix  
Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 57

**PERCENT ADMISSIONS FROM:**

Private Residences 70.2%  
General Hospitals 5.3  
Nursing Homes 3.5  
Other 21.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	56	1,158	20.7
Home Health Aide	18	1,613	89.6
Physical Therapy	6	32	5.3
Spch/Occ/Resp Therapy	3	65	21.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	34	2,858	84.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,726	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 46

**PERCENT DISCHARGES TO:**

Private Residences 78.3%  
General Hospitals 2.2  
Nursing Homes 0.0  
Deaths 6.5  
Other 13.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.5%	Medicare 15.0%
4 to 24 29.2	Medicaid 12.5
25 to 54 21.5	Other Federal 0.0
55 to 64 15.4	State Funds 0.0
65 to 74 9.2	Private Insurance 55.0
75 to 84 13.8	Self Pay 12.5
85 & over 9.2	Other 5.0
	TOTAL PATIENTS 80

Males 50.8% Females 49.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 4.6%	Digestive Disorders 0.0%
Cancer 6.2	Genitourinary Sys. 0.0
Diabetes 1.5	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 3.1
Dementia/Alzheimers 0.0	Osteopathies 1.5
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 4.6	Ill-Defined Cond. 4.6
Paralysis/CP 10.8	Fractures 4.6
Cardiovascular 10.8	Wounds, Burns 9.2
Stroke 1.5	Compl. of Surgery 6.2
Respiratory 3.1	Other Conditions 27.7

**REVENUE**

Billings \$	905,867
Disallowances	135,850
Collections	770,017
Other	0
Total	770,017

**EXPENSES**

Total \$	821,510
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	8.0
Licensed Practical Nurses	5.8
Home Health Aides	4.8
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	22.6

**Gentiva Health Services**

392 Cedar Street, Suite 4  
Menomonie WI 54751

Dunn County

(715) 235-8077

**COUNTIES SERVED**

Barron  
Dunn  
Eau Claire  
Pierce  
St. Croix

License Number: 286  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? No  
Title 19 (Medicaid) certified? No  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 4  
Number of unduplicated patients in 1999 = 36

**TOTAL NUMBER OF ADMISSIONS** 23

**PERCENT ADMISSIONS FROM:**

Private Residences	47.8%
General Hospitals	4.3
Nursing Homes	0.0
Other	47.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	23	1,602	69.7
Home Health Aide	9	136	15.1
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	17	1,898	111.6
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,636	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 17

**PERCENT DISCHARGES TO:**

Private Residences	76.5%
General Hospitals	0.0
Nursing Homes	0.0
Deaths	0.0
Other	23.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 8.3%	Medicare 0.0%
4 to 24 61.1	Medicaid 0.0
25 to 54 13.9	Other Federal 0.0
55 to 64 5.6	State Funds 0.0
65 to 74 0.0	Private Insurance 72.7
75 to 84 11.1	Self Pay 25.0
85 & over 0.0	Other 2.3
	TOTAL PATIENTS 44

Males 52.8% Females 47.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 2.8
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 5.6
Central Nervous Sys. 2.8	Ill-Defined Cond. 2.8
Paralysis/CP 22.2	Fractures 2.8
Cardiovascular 5.6	Wounds, Burns 8.3
Stroke 0.0	Compl. of Surgery 2.8
Respiratory 5.6	Other Conditions 38.9

**REVENUE**

Billings \$	207,967
Disallowances	9,450
Collections	198,517
Other	0
Total	198,517

**EXPENSES**

Total \$	287,536
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.3
Licensed Practical Nurses	0.0
Home Health Aides	0.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	4.7

**Caremate Home Health Care, Inc.**

1324 West Clairemont Avenue, #6

Eau Claire WI 54701

Eau Claire County

**COUNTIES SERVED**

Chippewa

Eau Claire

Rusk

(715) 833-9653

License Number: 323

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 22

Number of unduplicated patients in 1999 = 49

**TOTAL NUMBER OF ADMISSIONS** 17**PERCENT ADMISSIONS FROM:**

Private Residences 58.8%

General Hospitals 23.5

Nursing Homes 5.9

Other 11.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	41	317	7.7
Home Health Aide	20	3,088	154.4
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	49	2,863	58.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,268	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 24

**PERCENT DISCHARGES TO:**

Private Residences 54.2%

General Hospitals 8.3

Nursing Homes 20.8

Deaths 8.3

Other 8.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 7.5%
4 to 24 18.4	Medicaid 69.8
25 to 54 18.4	Other Federal 1.9
55 to 64 14.3	State Funds 3.8
65 to 74 12.2	Private Insurance 5.7
75 to 84 14.3	Self Pay 11.3
85 & over 22.4	Other 0.0
	TOTAL PATIENTS 53

Males 20.4% Females 79.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 4.1	Genitourinary Sys. 0.0
Diabetes 8.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 4.1
Dementia/Alzheimers 8.2	Osteopathies 0.0
Psychoses/Neuroses 2.0	Perinatal Period 6.1
Central Nervous Sys. 6.1	Ill-Defined Cond. 0.0
Paralysis/CP 10.2	Fractures 4.1
Cardiovascular 14.3	Wounds, Burns 2.0
Stroke 10.2	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 20.4

**REVENUE**

Billings \$	230,657
Disallowances	340,215
Collections	-109,558
Other	0
Total	-109,558

**EXPENSES**

Total \$	758,324
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**STAFFING****FTES**

Administrators	0.4
Reg. Nurse Supervisors	1.0
Registered Nurses	1.6
Licensed Practical Nurses	0.4
Home Health Aides	4.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	3.0
Homemakers	0.0
Other Staff	2.4
TOTAL FTES	12.9

**Lifenet, LLC**

505 Dewey Street, South, Suite 206

Eau Claire WI 54701

Eau Claire County

(715) 835-4111

License Number: 335

Ownership of Agency: Limited Liability Company

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 73

Number of unduplicated patients in 1999 = 99

**COUNTIES SERVED**

Chippewa

Clark

Eau Claire

Jackson

LaCrosse

Monroe

Taylor

Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 96**PERCENT ADMISSIONS FROM:**

Private Residences 85.4%

General Hospitals 5.2

Nursing Homes 2.1

Other 7.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	3	78	26.0
Home Health Aide	1	112	112.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	198	22,434	113.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	22,624	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 70

**PERCENT DISCHARGES TO:**

Private Residences 65.7%

General Hospitals 17.1

Nursing Homes 12.9

Deaths 4.3

Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 11.1	Medicaid 93.9
25 to 54 21.2	Other Federal 2.0
55 to 64 10.1	State Funds 0.0
65 to 74 14.1	Private Insurance 4.0
75 to 84 25.3	Self Pay 0.0
85 & over 18.2	Other 0.0
	TOTAL PATIENTS 99

Males 40.4% Females 59.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 6.1%	Digestive Disorders 0.0%
Cancer 2.0	Genitourinary Sys. 1.0
Diabetes 11.1	Preg. & Childbirth 0.0
Diseases of Blood 2.0	Arthropathies 0.0
Dementia/Alzheimers 10.1	Osteopathies 5.1
Psychoses/Neuroses 3.0	Perinatal Period 1.0
Central Nervous Sys. 14.1	Ill-Defined Cond. 0.0
Paralysis/CP 14.1	Fractures 2.0
Cardiovascular 13.1	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 3.0	Other Conditions 12.1

**REVENUE**

Billings \$	785,151
Disallowances	232,338
Collections	552,813
Other	87
Total	552,900

**EXPENSES**

Total \$	548,886
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.1
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	27.5
Homemakers	0.0
Other Staff	2.8
TOTAL FTEs	33.6

**Northwest WI Homecare, Inc.**

2620 Stein Blvd., Box 2060

Eau Claire WI 54702

Eau Claire County

(715) 831-0100

License Number: 127

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 4/14/00 = 115

Number of unduplicated patients in 1999 = 903

**COUNTIES SERVED**

Barron

Buffalo

Chippewa

Dunn

Eau Claire

Jackson

Pepin

Pierce

Rusk

St. Croix

Trempealeau

**TOTAL NUMBER OF ADMISSIONS** 908**PERCENT ADMISSIONS FROM:**

Private Residences 25.7%

General Hospitals 60.6

Nursing Homes 12.8

Other 1.0

<b>SERVICES PROVIDED</b>	<b>NO. OF PATIENTS</b>	<b>NO. OF VISITS</b>	<b>VISITS PER PATIENT</b>
Skilled Nursing	886	13,624	15.4
Home Health Aide	359	19,273	53.7
Physical Therapy	291	1,632	5.6
Spch/Occ/Resp Therapy	136	4,879	35.9
Medical Social Service	61	100	1.6
Private Duty Nursing	10	2,614	261.4
Personal Care/PC RN Supv.	144	4,140	28.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	128	10,108	79.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>56,370</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 974

**PERCENT DISCHARGES TO:**

Private Residences 64.4%

General Hospitals 25.5

Nursing Homes 2.9

Deaths 3.3

Other 4.0

<b>AGE AND SEX OF PATIENTS</b>	<b>PATIENT REIMBURSEMENT SOURCE</b>
Under 4 1.4%	Medicare 72.4%
4 to 24 3.9	Medicaid 7.3
25 to 54 10.5	Other Federal 0.6
55 to 64 8.0	State Funds 0.2
65 to 74 19.3	Private Insurance 16.1
75 to 84 33.7	Self Pay 3.4
85 & over 23.3	Other 0.0
	<b>TOTAL PATIENTS</b> 903

Males 39.1% Females 60.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.2%	Digestive Disorders 1.6%
Cancer 8.9	Genitourinary Sys. 3.2
Diabetes 3.5	Preg. & Childbirth 0.7
Diseases of Blood 0.7	Arthropathies 9.4
Dementia/Alzheimers 1.4	Osteopathies 2.5
Psychoses/Neuroses 0.4	Perinatal Period 0.4
Central Nervous Sys. 2.1	Ill-Defined Cond. 5.8
Paralysis/CP 0.9	Fractures 9.3
Cardiovascular 14.3	Wounds, Burns 2.5
Stroke 1.1	Compl. of Surgery 4.1
Respiratory 9.3	Other Conditions 16.6

**REVENUE**

Billings \$	4,623,384
Disallowances	453,956
Collections	4,169,428
Other	1,954
<b>Total</b>	<b>4,171,382</b>

**EXPENSES**

<b>Total</b>	<b>\$ 4,127,820</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	9.0
Registered Nurses	34.6
Licensed Practical Nurses	9.3
Home Health Aides	21.0
Physical Therapists	1.0
Occupational Therapists	0.6
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	1.3
Other Therapeutic Staff	0.0
Personal Care Workers	6.5
Homemakers	12.1
Other Staff	25.5
<b>TOTAL FTEs</b>	<b>121.9</b>

**Fond du Lac County Home Health Service**

160 South Macy Street

Fond du Lac WI 54935

Fond du Lac County

**COUNTIES SERVED**

Fond du Lac

(920) 929-3085

License Number: 54

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 53

Number of unduplicated patients in 1999 = 345

**TOTAL NUMBER OF ADMISSIONS** 258**PERCENT ADMISSIONS FROM:**

Private Residences 53.9%

General Hospitals 34.1

Nursing Homes 7.4

Other 4.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	168	2,725	16.2
Home Health Aide	99	3,581	36.2
Physical Therapy	30	755	25.2
Spch/Occ/Resp Therapy	4	29	7.3
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	342	9,319	27.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>16,409</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 270

**PERCENT DISCHARGES TO:**

Private Residences 56.3%

General Hospitals 24.1

Nursing Homes 7.4

Deaths 3.7

Other 8.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 34.8%
4 to 24 1.2	Medicaid 34.5
25 to 54 12.5	Other Federal 17.5
55 to 64 7.5	State Funds 1.9
65 to 74 20.3	Private Insurance 1.9
75 to 84 30.1	Self Pay 8.6
85 & over 28.4	Other 0.6
	<b>TOTAL PATIENTS 359</b>

Males 37.4% Females 62.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.7%	Digestive Disorders 6.1%
Cancer 2.6	Genitourinary Sys. 2.9
Diabetes 4.9	Preg. & Childbirth 0.0
Diseases of Blood 4.3	Arthropathies 20.9
Dementia/Alzheimers 0.6	Osteopathies 1.2
Psychoses/Neuroses 4.3	Perinatal Period 0.0
Central Nervous Sys. 5.5	Ill-Defined Cond. 0.3
Paralysis/CP 2.9	Fractures 3.8
Cardiovascular 15.7	Wounds, Burns 3.5
Stroke 4.3	Compl. of Surgery 0.0
Respiratory 7.2	Other Conditions 7.2

**REVENUE**

Billings \$	1,023,072
Disallowances	207,754
Collections	815,318
Other	16,402
<b>Total</b>	<b>831,720</b>

**EXPENSES**

<b>Total</b>	<b>\$ 943,630</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	17.3
Licensed Practical Nurses	0.0
Home Health Aides	4.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	6.7
Homemakers	0.0
Other Staff	10.5
<b>TOTAL FTEs</b>	<b>42.4</b>



**St. Agnes Hospital-Home Care Services**

239 Trowbridge Drive  
Fond du Lac WI 54936

Fond du Lac County

(920) 923-7950

License Number: 55

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 313

Number of unduplicated patients in 1999 = 1,225

**COUNTIES SERVED**

Calumet  
Dodge  
Fond du Lac  
Green Lake  
Sheboygan  
Washington  
Waushara  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 995

**PERCENT ADMISSIONS FROM:**

Private Residences	5.7%
General Hospitals	88.7
Nursing Homes	4.6
Other	0.9

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,117

**PERCENT DISCHARGES TO:**

Private Residences	74.8%
General Hospitals	15.7
Nursing Homes	5.1
Deaths	1.9
Other	2.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	825	13,533	16.4
Home Health Aide	198	8,710	44.0
Physical Therapy	228	2,085	9.1
Spch/Occ/Resp Therapy	111	1,033	9.3
Medical Social Service	233	505	2.2
Private Duty Nursing	26	2,376	91.4
Personal Care/PC RN Supv.	237	17,578	74.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	147	6,792	46.2
TOTAL	XXXXXXX	52,612	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.2%	Medicare 48.1%
4 to 24 1.7	Medicaid 7.9
25 to 54 12.2	Other Federal 0.0
55 to 64 5.3	State Funds 9.1
65 to 74 17.5	Private Insurance 11.1
75 to 84 31.0	Self Pay 23.8
85 & over 30.0	Other 0.0
	TOTAL PATIENTS 1,722

Males 47.5% Females 52.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.4%	Digestive Disorders 1.0%
Cancer 6.3	Genitourinary Sys. 3.4
Diabetes 0.9	Preg. & Childbirth 0.0
Diseases of Blood 0.8	Arthropathies 5.9
Dementia/Alzheimers 0.0	Osteopathies 1.2
Psychoses/Neuroses 0.3	Perinatal Period 1.0
Central Nervous Sys. 2.6	Ill-Defined Cond. 7.6
Paralysis/CP 0.4	Fractures 4.4
Cardiovascular 16.7	Wounds, Burns 2.7
Stroke 2.7	Compl. of Surgery 3.4
Respiratory 6.3	Other Conditions 31.0

**REVENUE**

Billings \$	5,633,078
Disallowances	1,574,824
Collections	4,058,254
Other	0
Total	4,058,254

**EXPENSES**

Total \$	4,712,384
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.8
Registered Nurses	18.5
Licensed Practical Nurses	8.7
Home Health Aides	21.1
Physical Therapists	1.5
Occupational Therapists	2.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	0.0
Personal Care Workers	13.1
Homemakers	4.4
Other Staff	7.4
TOTAL FTEs	80.2

**Country Care Connection**

105 West Pioneer  
Crandon WI 54520

Forest County

**COUNTIES SERVED**

Forest  
Oneida

(715) 478-3325

License Number: 270

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 4

Number of unduplicated patients in 1999 = 35

**TOTAL NUMBER OF ADMISSIONS** 27

**PERCENT ADMISSIONS FROM:**

Private Residences	44.4%
General Hospitals	48.1
Nursing Homes	3.7
Other	3.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	27	507	18.8
Home Health Aide	5	892	178.4
Physical Therapy	17	123	7.2
Spch/Occ/Resp Therapy	6	41	6.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	20	1,508	75.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,071	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 27

**PERCENT DISCHARGES TO:**

Private Residences	81.5%
General Hospitals	11.1
Nursing Homes	0.0
Deaths	0.0
Other	7.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 55.6%
4 to 24 8.6	Medicaid 33.3
25 to 54 22.9	Other Federal 0.0
55 to 64 5.7	State Funds 0.0
65 to 74 25.7	Private Insurance 5.6
75 to 84 28.6	Self Pay 5.6
85 & over 8.6	Other 0.0
	TOTAL PATIENTS 36

Males 45.7% Females 54.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 2.9%
Cancer 8.6	Genitourinary Sys. 2.9
Diabetes 2.9	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 20.0
Dementia/Alzheimers 0.0	Osteopathies 2.9
Psychoses/Neuroses 2.9	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 5.7
Paralysis/CP 8.6	Fractures 14.3
Cardiovascular 14.3	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 5.7	Other Conditions 8.6

**REVENUE**

Billings \$	184,141
Disallowances	110,788
Collections	73,353
Other	0
Total	73,353

**EXPENSES**

Total \$	109,108
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.2
Licensed Practical Nurses	0.0
Home Health Aides	0.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
TOTAL FTEs	1.7

**Forest County Health Department**

200 East Madison/Courthouse

Crandon WI 54520

Forest County

**COUNTIES SERVED**

Forest

(715) 478-3371

License Number: 56

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 8

Number of unduplicated patients in 1999 = 111

**TOTAL NUMBER OF ADMISSIONS** 89**PERCENT ADMISSIONS FROM:**

Private Residences	9.0%
General Hospitals	58.4
Nursing Homes	11.2
Other	21.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	91	1,038	11.4
Home Health Aide	39	922	23.6
Physical Therapy	17	180	10.6
Spch/Occ/Resp Therapy	3	15	5.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	28	972	34.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,127	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 99

**PERCENT DISCHARGES TO:**

Private Residences	72.7%
General Hospitals	5.1
Nursing Homes	10.1
Deaths	8.1
Other	4.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 56.9%
4 to 24 2.7	Medicaid 18.7
25 to 54 9.0	Other Federal 0.0
55 to 64 6.3	State Funds 0.0
65 to 74 18.0	Private Insurance 12.2
75 to 84 28.8	Self Pay 12.2
85 & over 35.1	Other 0.0
	TOTAL PATIENTS 123

Males 38.7% Females 61.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.7%	Digestive Disorders 0.9%
Cancer 6.3	Genitourinary Sys. 1.8
Diabetes 3.6	Preg. & Childbirth 0.0
Diseases of Blood 3.6	Arthropathies 4.5
Dementia/Alzheimers 0.0	Osteopathies 0.9
Psychoses/Neuroses 0.0	Perinatal Period 0.9
Central Nervous Sys. 2.7	Ill-Defined Cond. 5.4
Paralysis/CP 0.0	Fractures 8.1
Cardiovascular 24.3	Wounds, Burns 10.8
Stroke 4.5	Compl. of Surgery 1.8
Respiratory 8.1	Other Conditions 9.0

**REVENUE**

Billings \$	201,625
Disallowances	49,947
Collections	151,678
Other	0
Total	151,678

**EXPENSES**

Total \$	198,465
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.0
Licensed Practical Nurses	0.0
Home Health Aides	1.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTEs	4.1

**Grant County Home Nursing Service**

125 South Monroe Street  
Lancaster WI 53813

Grant County

**COUNTIES SERVED**

Grant

(608) 723-6416

License Number: 57

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 4

Number of unduplicated patients in 1999 = 320

**TOTAL NUMBER OF ADMISSIONS** 304**PERCENT ADMISSIONS FROM:**

Private Residences	26.3%
General Hospitals	69.1
Nursing Homes	4.6
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	247	3,069	12.4
Home Health Aide	58	955	16.5
Physical Therapy	62	484	7.8
Spch/Occ/Resp Therapy	22	57	2.6
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	126	2,988	23.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,553	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 315

**PERCENT DISCHARGES TO:**

Private Residences	54.9%
General Hospitals	23.5
Nursing Homes	6.3
Deaths	1.9
Other	13.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 40.5%
4 to 24 1.6	Medicaid 24.5
25 to 54 13.4	Other Federal 0.3
55 to 64 12.2	State Funds 0.3
65 to 74 24.4	Private Insurance 12.6
75 to 84 26.6	Self Pay 21.8
85 & over 21.3	Other 0.0
	TOTAL PATIENTS 326

Males 36.6% Females 63.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 4.7%	Digestive Disorders 2.5%
Cancer 6.6	Genitourinary Sys. 0.9
Diabetes 5.9	Preg. & Childbirth 0.3
Diseases of Blood 1.9	Arthropathies 9.1
Dementia/Alzheimers 0.0	Osteopathies 2.5
Psychoses/Neuroses 2.8	Perinatal Period 0.3
Central Nervous Sys. 0.6	Ill-Defined Cond. 7.5
Paralysis/CP 1.3	Fractures 5.0
Cardiovascular 12.2	Wounds, Burns 9.7
Stroke 6.6	Compl. of Surgery 0.0
Respiratory 6.6	Other Conditions 13.1

**REVENUE**

Billings \$	342,967
Disallowances	107,221
Collections	235,746
Other	0
Total	235,746

**EXPENSES**

Total \$	508,871
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	5.4
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.5
Personal Care Workers	1.5
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	12.8

**Homeward Bound Home Health**

130 West Elm Street  
Lancaster WI 53813

Grant County

(608) 723-6601

License Number: 330  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 47  
Number of unduplicated patients in 1999 = 220

**COUNTIES SERVED**

Adams  
Columbia  
Crawford  
Grant  
Iowa  
Juneau  
LaFayette  
Richland  
Sauk  
Vernon

**TOTAL NUMBER OF ADMISSIONS** 172

**PERCENT ADMISSIONS FROM:**

Private Residences 41.3%  
General Hospitals 41.9  
Nursing Homes 11.0  
Other 5.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	159	893	5.6
Home Health Aide	44	544	12.4
Physical Therapy	29	273	9.4
Spch/Occ/Resp Therapy	6	39	6.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	304	14,796	48.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	16,545	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 132

**PERCENT DISCHARGES TO:**

Private Residences 59.8%  
General Hospitals 6.8  
Nursing Homes 16.7  
Deaths 6.8  
Other 9.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 27.6%
4 to 24 3.6	Medicaid 61.0
25 to 54 15.5	Other Federal 0.0
55 to 64 8.6	State Funds 0.0
65 to 74 23.6	Private Insurance 10.5
75 to 84 26.4	Self Pay 0.9
85 & over 21.8	Other 0.0
	TOTAL PATIENTS 228

Males 35.9% Females 64.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 0.9%
Cancer 7.7	Genitourinary Sys. 0.5
Diabetes 6.4	Preg. & Childbirth 0.0
Diseases of Blood 0.5	Arthropathies 12.3
Dementia/Alzheimers 1.8	Osteopathies 2.7
Psychoses/Neuroses 8.2	Perinatal Period 0.0
Central Nervous Sys. 1.8	Ill-Defined Cond. 4.1
Paralysis/CP 4.1	Fractures 6.4
Cardiovascular 13.6	Wounds, Burns 4.1
Stroke 5.9	Compl. of Surgery 1.4
Respiratory 7.7	Other Conditions 9.1

**REVENUE**

Billings \$	840,319
Disallowances	122,963
Collections	717,356
Other	1,370
Total	718,726

**EXPENSES**

Total \$	651,253
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**STAFFING****FTEs**

Administrators	0.6
Reg. Nurse Supervisors	1.0
Registered Nurses	3.1
Licensed Practical Nurses	0.0
Home Health Aides	0.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	17.0
Homemakers	0.0
Other Staff	4.8
TOTAL FTEs	26.8

**The Monroe Clinic Home Care**

515 22nd Avenue  
Monroe WI 53566

Green County

(608) 324-1230

**COUNTIES SERVED**

Dane  
Green  
LaFayette  
Rock

License Number: 142  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 33  
Number of unduplicated patients in 1999 = 434

**TOTAL NUMBER OF ADMISSIONS** 398

**PERCENT ADMISSIONS FROM:**

Private Residences 6.3%  
General Hospitals 89.4  
Nursing Homes 4.0  
Other 0.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	326	5,285	16.2
Home Health Aide	89	1,378	15.5
Physical Therapy	155	1,526	9.8
Spch/Occ/Resp Therapy	34	206	6.1
Medical Social Service	15	55	3.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>8,450</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 416

**PERCENT DISCHARGES TO:**

Private Residences 73.6%  
General Hospitals 6.3  
Nursing Homes 6.3  
Deaths 3.4  
Other 10.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 77.9%
4 to 24 2.3	Medicaid 3.2
25 to 54 12.2	Other Federal 0.0
55 to 64 12.4	State Funds 0.0
65 to 74 20.7	Private Insurance 18.4
75 to 84 34.1	Self Pay 0.5
85 & over 17.5	Other 0.0
	<b>TOTAL PATIENTS 434</b>

Males 40.1% Females 59.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 1.4%
Cancer 10.1	Genitourinary Sys. 3.5
Diabetes 1.8	Preg. & Childbirth 0.5
Diseases of Blood 0.7	Arthropathies 16.1
Dementia/Alzheimers 0.2	Osteopathies 3.2
Psychoses/Neuroses 0.7	Perinatal Period 0.5
Central Nervous Sys. 1.2	Ill-Defined Cond. 6.7
Paralysis/CP 0.0	Fractures 6.5
Cardiovascular 18.2	Wounds, Burns 1.2
Stroke 1.4	Compl. of Surgery 4.8
Respiratory 6.9	Other Conditions 13.8

**REVENUE**

Billings \$	959,032
Disallowances	253,417
Collections	705,615
Other	0
<b>Total</b>	<b>705,615</b>

**EXPENSES**

<b>Total \$</b>	<b>748,702</b>
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**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	1.0
Registered Nurses	7.2
Licensed Practical Nurses	0.0
Home Health Aides	1.8
Physical Therapists	0.8
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.1
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.4
<b>TOTAL FTEs</b>	<b>13.0</b>

**CHN Home Care**

270 East Marquette Street  
Berlin WI 54923

Green Lake County

(920) 361-5523

License Number: 235  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 36  
Number of unduplicated patients in 1999 = 765

**COUNTIES SERVED**

Adams  
Fond du Lac  
Green Lake  
Marquette  
Waupaca  
Waushara  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 406

**PERCENT ADMISSIONS FROM:**

Private Residences	18.5%
General Hospitals	49.0
Nursing Homes	7.1
Other	25.4

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 521

**PERCENT DISCHARGES TO:**

Private Residences	57.6%
General Hospitals	23.6
Nursing Homes	5.2
Deaths	2.3
Other	11.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	650	7,298	11.2
Home Health Aide	216	4,903	22.7
Physical Therapy	161	1,020	6.3
Spch/Occ/Resp Therapy	49	147	3.0
Medical Social Service	2	4	2.0
Private Duty Nursing	2	176	88.0
Personal Care/PC RN Supv.	193	3,585	18.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	99	2,157	21.8
TOTAL	XXXXXXX	19,290	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 64.5%
4 to 24 1.2	Medicaid 7.0
25 to 54 6.8	Other Federal 0.0
55 to 64 10.2	State Funds 1.4
65 to 74 19.0	Private Insurance 10.9
75 to 84 31.6	Self Pay 16.2
85 & over 30.6	Other 0.0
	TOTAL PATIENTS 772

Males 32.7% Females 67.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 20.1%	Digestive Disorders 3.7%
Cancer 5.6	Genitourinary Sys. 2.4
Diabetes 2.7	Preg. & Childbirth 0.1
Diseases of Blood 3.1	Arthropathies 3.1
Dementia/Alzheimers 0.1	Osteopathies 2.0
Psychoses/Neuroses 0.3	Perinatal Period 0.0
Central Nervous Sys. 1.4	Ill-Defined Cond. 5.2
Paralysis/CP 0.4	Fractures 5.6
Cardiovascular 10.5	Wounds, Burns 2.9
Stroke 2.9	Compl. of Surgery 0.0
Respiratory 4.8	Other Conditions 23.0

**REVENUE**

Billings	\$ 1,448,313
Disallowances	257,994
Collections	1,190,319
Other	115,081
Total	1,305,400

**EXPENSES**

Total	\$ 1,323,771
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	5.0
Licensed Practical Nurses	0.0
Home Health Aides	6.4
Physical Therapists	1.2
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.6
TOTAL FTEs	15.7

**Allied Home Care**

825 South Iowa ST-TWR W Bldg  
Dodgeville WI 53533

Iowa County

(608) 935-9404

License Number: 60

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 51

Number of unduplicated patients in 1999 = 539

**COUNTIES SERVED**

Dane  
Grant  
Green  
Iowa  
LaFayette  
Richland  
Sauk

**TOTAL NUMBER OF ADMISSIONS** 488

**PERCENT ADMISSIONS FROM:**

Private Residences	13.3%
General Hospitals	49.8
Nursing Homes	11.1
Other	25.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	502	4,845	9.7
Home Health Aide	150	3,804	25.4
Physical Therapy	191	1,389	7.3
Spch/Occ/Resp Therapy	69	194	2.8
Medical Social Service	7	15	2.1
Private Duty Nursing	1	668	668.0
Personal Care/PC RN Supv.	115	6,333	55.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>17,248</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 551

**PERCENT DISCHARGES TO:**

Private Residences	74.2%
General Hospitals	8.5
Nursing Homes	5.6
Deaths	4.2
Other	7.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.8%	Medicare 66.6%
4 to 24 2.2	Medicaid 11.3
25 to 54 10.2	Other Federal 0.0
55 to 64 7.6	State Funds 0.0
65 to 74 22.4	Private Insurance 15.8
75 to 84 33.2	Self Pay 5.9
85 & over 19.5	Other 0.4
	<b>TOTAL PATIENTS 557</b>

Males 61.6% Females 38.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 5.2%	Digestive Disorders 0.9%
Cancer 5.9	Genitourinary Sys. 1.9
Diabetes 3.5	Preg. & Childbirth 0.4
Diseases of Blood 2.0	Arthropathies 10.8
Dementia/Alzheimers 0.6	Osteopathies 0.7
Psychoses/Neuroses 0.2	Perinatal Period 3.9
Central Nervous Sys. 2.8	Ill-Defined Cond. 7.1
Paralysis/CP 0.0	Fractures 7.1
Cardiovascular 16.1	Wounds, Burns 4.8
Stroke 3.3	Compl. of Surgery 2.0
Respiratory 9.5	Other Conditions 11.3

**REVENUE**

Billings	\$ 1,290,750
Disallowances	171,494
Collections	1,119,256
Other	3,700
<b>Total</b>	<b>1,122,956</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,425,259</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.8
Registered Nurses	3.8
Licensed Practical Nurses	4.1
Home Health Aides	6.2
Physical Therapists	1.3
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.9
Homemakers	0.0
Other Staff	2.8
<b>TOTAL FTEs</b>	<b>26.0</b>



**Pine View Home Health**

601 West Adams, PO Box 273

Black River Falls WI 54615

Jackson County

**COUNTIES SERVED**

Jackson

(715) 284-9495

License Number: 219

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 13

Number of unduplicated patients in 1999 = 237

**TOTAL NUMBER OF ADMISSIONS** 227**PERCENT ADMISSIONS FROM:**

Private Residences	24.2%
General Hospitals	59.5
Nursing Homes	15.0
Other	1.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	222	3,516	15.8
Home Health Aide	99	3,797	38.4
Physical Therapy	46	724	15.7
Spch/Occ/Resp Therapy	13	85	6.5
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	113	11,644	103.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	19,766	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 208

**PERCENT DISCHARGES TO:**

Private Residences	41.8%
General Hospitals	37.0
Nursing Homes	12.0
Deaths	7.2
Other	1.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 50.3%
4 to 24 2.1	Medicaid 26.6
25 to 54 13.9	Other Federal 1.0
55 to 64 7.2	State Funds 1.7
65 to 74 16.5	Private Insurance 5.9
75 to 84 32.5	Self Pay 14.3
85 & over 27.8	Other 0.0
	TOTAL PATIENTS 286

Males 35.4% Females 64.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.3%	Digestive Disorders 3.0%
Cancer 11.8	Genitourinary Sys. 1.3
Diabetes 6.8	Preg. & Childbirth 0.0
Diseases of Blood 5.1	Arthropathies 1.7
Dementia/Alzheimers 4.2	Osteopathies 7.2
Psychoses/Neuroses 0.8	Perinatal Period 0.8
Central Nervous Sys. 3.4	Ill-Defined Cond. 1.3
Paralysis/CP 1.7	Fractures 5.1
Cardiovascular 12.2	Wounds, Burns 5.9
Stroke 6.3	Compl. of Surgery 2.1
Respiratory 12.2	Other Conditions 5.9

**REVENUE**

Billings \$	789,307
Disallowances	190,200
Collections	599,107
Other	0
Total	599,107

**EXPENSES**

Total \$	913,470
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.6
Licensed Practical Nurses	0.0
Home Health Aides	6.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.4
Homemakers	0.0
Other Staff	3.0
TOTAL FTEs	23.1

**Fort Atkinson Mem. Health Service/Home Health Agency**

426 McMillen Street

Fort Atkinson WI 53538

Jefferson County

(920) 568-6500

**COUNTIES SERVED**

Dane

Jefferson

Rock

Walworth

License Number: 137

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 28

Number of unduplicated patients in 1999 = 399

**TOTAL NUMBER OF ADMISSIONS** 405**PERCENT ADMISSIONS FROM:**

Private Residences 2.0%

General Hospitals 59.3

Nursing Homes 1.7

Other 37.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	378	4,054	10.7
Home Health Aide	134	4,336	32.4
Physical Therapy	123	573	4.7
Spch/Occ/Resp Therapy	79	400	5.1
Medical Social Service	63	159	2.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	150	9,649	64.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>19,171</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 436

**PERCENT DISCHARGES TO:**

Private Residences 63.1%

General Hospitals 22.7

Nursing Homes 0.9

Deaths 0.9

Other 12.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 5.3%	Medicare 58.6%
4 to 24 3.0	Medicaid 15.0
25 to 54 14.8	Other Federal 0.0
55 to 64 8.3	State Funds 0.7
65 to 74 19.8	Private Insurance 19.2
75 to 84 23.3	Self Pay 6.2
85 & over 25.6	Other 0.2
	<b>TOTAL PATIENTS 452</b>

Males 35.6% Females 64.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.3%	Digestive Disorders 3.5%
Cancer 7.3	Genitourinary Sys. 2.3
Diabetes 4.0	Preg. & Childbirth 0.3
Diseases of Blood 4.0	Arthropathies 10.5
Dementia/Alzheimers 0.0	Osteopathies 1.0
Psychoses/Neuroses 1.3	Perinatal Period 5.0
Central Nervous Sys. 2.0	Ill-Defined Cond. 10.8
Paralysis/CP 0.8	Fractures 1.8
Cardiovascular 10.8	Wounds, Burns 16.3
Stroke 3.8	Compl. of Surgery 0.0
Respiratory 6.0	Other Conditions 8.5

**REVENUE**

Billings \$	1,059,133
Disallowances	268,082
Collections	791,051
Other	0
<b>Total</b>	<b>791,051</b>

**EXPENSES**

<b>Total</b>	<b>\$ 876,934</b>
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**STAFFING****FTEs**

Administrators	0.1
Reg. Nurse Supervisors	2.0
Registered Nurses	4.3
Licensed Practical Nurses	0.0
Home Health Aides	3.6
Physical Therapists	0.3
Occupational Therapists	0.5
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.5
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
<b>TOTAL FTEs</b>	<b>13.3</b>

**Jefferson County Health Department**

N3995 Annex Road  
Jefferson WI 53549

Jefferson County

**COUNTIES SERVED**

Jefferson

(920) 674-7275

License Number: 63  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 10  
Number of unduplicated patients in 1999 = 170

**TOTAL NUMBER OF ADMISSIONS** 169

**PERCENT ADMISSIONS FROM:**

Private Residences 13.0%  
General Hospitals 75.7  
Nursing Homes 7.7  
Other 3.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	170	2,170	12.8
Home Health Aide	119	5,224	43.9
Physical Therapy	46	272	5.9
Spch/Occ/Resp Therapy	11	77	7.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>7,743</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 172

**PERCENT DISCHARGES TO:**

Private Residences 51.7%  
General Hospitals 33.7  
Nursing Homes 2.9  
Deaths 2.9  
Other 8.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 65.9%
4 to 24 0.0	Medicaid 27.1
25 to 54 11.2	Other Federal 1.2
55 to 64 4.7	State Funds 0.0
65 to 74 22.4	Private Insurance 5.3
75 to 84 31.8	Self Pay 0.6
85 & over 30.0	Other 0.0
	<b>TOTAL PATIENTS 170</b>

Males 42.9% Females 57.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 7.1%
Cancer 3.5	Genitourinary Sys. 8.2
Diabetes 6.5	Preg. & Childbirth 0.0
Diseases of Blood 1.8	Arthropathies 10.0
Dementia/Alzheimers 0.6	Osteopathies 2.9
Psychoses/Neuroses 0.6	Perinatal Period 0.0
Central Nervous Sys. 5.9	Ill-Defined Cond. 10.0
Paralysis/CP 1.2	Fractures 4.7
Cardiovascular 20.6	Wounds, Burns 4.1
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 4.7	Other Conditions 7.6

**REVENUE**

Billings \$	505,439
Disallowances	106,572
Collections	398,867
Other	0
<b>Total</b>	<b>398,867</b>

**EXPENSES**

<b>Total \$</b>	<b>700,013</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.0
Licensed Practical Nurses	0.5
Home Health Aides	4.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
<b>TOTAL FTEs</b>	<b>10.5</b>

**KJM Home Health Care Agency**

111 North Third Street  
Watertown WI 53094

Jefferson County

(920) 261-8789

**COUNTIES SERVED**

Dodge  
Jefferson  
Washington  
Waukesha

License Number: 135  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 7  
Number of unduplicated patients in 1999 = 65

**TOTAL NUMBER OF ADMISSIONS** 57

**PERCENT ADMISSIONS FROM:**

Private Residences	12.3%
General Hospitals	42.1
Nursing Homes	0.0
Other	45.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	65	560	8.6
Home Health Aide	19	2,757	145.1
Physical Therapy	4	22	5.5
Spch/Occ/Resp Therapy	2	25	12.5
Medical Social Service	0	0	0.0
Private Duty Nursing	1	178	178.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	180	60.0
TOTAL	XXXXXXX	3,722	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 39

**PERCENT DISCHARGES TO:**

Private Residences	38.5%
General Hospitals	28.2
Nursing Homes	2.6
Deaths	7.7
Other	23.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 10.8%	Medicare 55.4%
4 to 24 3.1	Medicaid 4.6
25 to 54 24.6	Other Federal 0.0
55 to 64 15.4	State Funds 0.0
65 to 74 21.5	Private Insurance 23.1
75 to 84 15.4	Self Pay 16.9
85 & over 9.2	Other 0.0
	TOTAL PATIENTS 65

Males 53.8% Females 46.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 3.1%	Digestive Disorders 1.5%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 6.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 3.1
Dementia/Alzheimers 3.1	Osteopathies 0.0
Psychoses/Neuroses 3.1	Perinatal Period 10.8
Central Nervous Sys. 1.5	Ill-Defined Cond. 4.6
Paralysis/CP 3.1	Fractures 0.0
Cardiovascular 16.9	Wounds, Burns 3.1
Stroke 1.5	Compl. of Surgery 0.0
Respiratory 6.2	Other Conditions 32.3

**REVENUE**

Billings \$	286,429
Disallowances	113,938
Collections	172,491
Other	0
Total	172,491

**EXPENSES**

Total \$	284,968
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.3
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.1
Other Staff	1.0
TOTAL FTES	4.9

**Hess Home Health**

1050 Division Street  
Mauston WI 53948

Juneau County

(608) 847-6161

**COUNTIES SERVED**

Adams  
Juneau  
Monroe  
Sauk

License Number: 216  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 17  
Number of unduplicated patients in 1999 = 226

**TOTAL NUMBER OF ADMISSIONS** 251

**PERCENT ADMISSIONS FROM:**

Private Residences	15.9%
General Hospitals	72.1
Nursing Homes	9.2
Other	2.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	195	2,362	12.1
Home Health Aide	70	1,567	22.4
Physical Therapy	63	374	5.9
Spch/Occ/Resp Therapy	40	205	5.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>4,508</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 246

**PERCENT DISCHARGES TO:**

Private Residences	63.4%
General Hospitals	24.0
Nursing Homes	2.4
Deaths	2.4
Other	7.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 85.5%
4 to 24 0.9	Medicaid 3.5
25 to 54 6.2	Other Federal 0.4
55 to 64 8.4	State Funds 0.0
65 to 74 19.9	Private Insurance 9.6
75 to 84 41.6	Self Pay 0.9
85 & over 22.1	Other 0.0
	<b>TOTAL PATIENTS 228</b>

Males 33.6% Females 66.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 1.8%
Cancer 8.8	Genitourinary Sys. 5.3
Diabetes 1.8	Preg. & Childbirth 0.0
Diseases of Blood 1.3	Arthropathies 10.2
Dementia/Alzheimers 0.0	Osteopathies 0.9
Psychoses/Neuroses 0.9	Perinatal Period 0.0
Central Nervous Sys. 1.3	Ill-Defined Cond. 7.1
Paralysis/CP 0.0	Fractures 11.5
Cardiovascular 21.2	Wounds, Burns 1.8
Stroke 5.3	Compl. of Surgery 2.2
Respiratory 7.5	Other Conditions 10.2

**REVENUE**

Billings \$	424,205
Disallowances	68,799
Collections	355,406
Other	0
<b>Total</b>	<b>355,406</b>

**EXPENSES**

<b>Total \$</b>	<b>437,685</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.2
Licensed Practical Nurses	0.0
Home Health Aides	1.4
Physical Therapists	0.7
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTEs</b>	<b>7.3</b>

**Alliance Home Care**

600 52nd Street, Suite 300  
Kenosha WI 53140

Kenosha County

**COUNTIES SERVED**

Kenosha  
Racine

(262) 652-4400

License Number: 130  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 10  
Number of unduplicated patients in 1999 = 97

**TOTAL NUMBER OF ADMISSIONS** 103

**PERCENT ADMISSIONS FROM:**

Private Residences 39.8%  
General Hospitals 59.2  
Nursing Homes 0.0  
Other 1.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	97	782	8.1
Home Health Aide	49	416	8.5
Physical Therapy	2	7	3.5
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	25	26	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	7	25	3.6
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>1,256</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 99

**PERCENT DISCHARGES TO:**

Private Residences 41.4%  
General Hospitals 7.1  
Nursing Homes 0.0  
Deaths 13.1  
Other 38.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 72.2%
4 to 24 0.0	Medicaid 6.2
25 to 54 12.4	Other Federal 0.0
55 to 64 15.5	State Funds 0.0
65 to 74 27.8	Private Insurance 17.5
75 to 84 38.1	Self Pay 4.1
85 & over 6.2	Other 0.0
	<b>TOTAL PATIENTS</b> 97

Males 40.2% Females 59.8 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.0%	Digestive Disorders 0.0%
Cancer 63.9	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 2.1	Arthropathies 0.0
Dementia/Alzheimers 2.1	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.0	Ill-Defined Cond. 1.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 9.3	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 17.5	Other Conditions 2.1

**REVENUE**

Billings \$	119,968
Disallowances	30,263
Collections	89,705
Other	14,623
<b>Total</b>	<b>104,328</b>

**EXPENSES**

<b>Total</b> \$	<b>215,695</b>
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**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	2.1
Licensed Practical Nurses	0.0
Home Health Aides	1.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.5
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTEs</b>	<b>6.4</b>

**Kenosha VNA, Inc.**

600 52nd Street, Suite 300  
Kenosha WI 53140

Kenosha County

**COUNTIES SERVED**

Kenosha  
Racine

(262) 656-8400

License Number: 65

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = .

Number of unduplicated patients in 1999 = 941

**TOTAL NUMBER OF ADMISSIONS** 949

**PERCENT ADMISSIONS FROM:**

Private Residences	18.7%
General Hospitals	71.5
Nursing Homes	9.5
Other	0.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	921	13,718	14.9
Home Health Aide	292	10,401	35.6
Physical Therapy	319	3,654	11.5
Spch/Occ/Resp Therapy	75	769	10.3
Medical Social Service	69	95	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>28,637</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 953

**PERCENT DISCHARGES TO:**

Private Residences	76.8%
General Hospitals	12.0
Nursing Homes	4.8
Deaths	1.8
Other	4.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.1%	Medicare 83.3%
4 to 24 1.5	Medicaid 2.9
25 to 54 41.7	Other Federal 0.0
55 to 64 22.7	State Funds 0.0
65 to 74 3.3	Private Insurance 13.2
75 to 84 15.5	Self Pay 0.6
85 & over 14.2	Other 0.0
	<b>TOTAL PATIENTS 941</b>

Males 60.8% Females 39.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 7.0	Genitourinary Sys. 0.0
Diabetes 4.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 6.2
Dementia/Alzheimers 0.0	Osteopathies 1.1
Psychoses/Neuroses 0.1	Perinatal Period 0.0
Central Nervous Sys. 0.5	Ill-Defined Cond. 0.0
Paralysis/CP 0.5	Fractures 7.0
Cardiovascular 18.6	Wounds, Burns 2.3
Stroke 3.6	Compl. of Surgery 0.0
Respiratory 10.2	Other Conditions 38.2

**REVENUE**

Billings \$	2,421,475
Disallowances	316,192
Collections	2,105,283
Other	121,000
<b>Total</b>	<b>2,226,283</b>

**EXPENSES**

<b>Total</b>	<b>\$ 2,377,849</b>
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	2.0
Registered Nurses	10.5
Licensed Practical Nurses	0.1
Home Health Aides	7.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.3
<b>TOTAL FTEs</b>	<b>26.2</b>

**Franciscan Skemp Medical Center HHS**

212 South 11th Street

La Crosse WI 54601

La Crosse County

(608) 791-9790

License Number: 141

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 32

Number of unduplicated patients in 1999 = 647

**COUNTIES SERVED**

Buffalo

Eau Claire

Jackson

LaCrosse

Monroe

Trempealeau

Vernon

**TOTAL NUMBER OF ADMISSIONS** 409**PERCENT ADMISSIONS FROM:**

Private Residences 51.8%

General Hospitals 36.9

Nursing Homes 11.2

Other 0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 522

**PERCENT DISCHARGES TO:**

Private Residences 70.1%

General Hospitals 0.0

Nursing Homes 20.5

Deaths 2.1

Other 7.3

	NO. OF	NO. OF	VISITS PER
SERVICES PROVIDED	PATIENTS	VISITS	PATIENT
Skilled Nursing	615	6,273	10.2
Home Health Aide	339	13,955	41.2
Physical Therapy	164	1,282	7.8
Spch/Occ/Resp Therapy	65	266	4.1
Medical Social Service	36	50	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	.	18,086	.
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	2,401	0.0
TOTAL	XXXXXXX	42,313	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 65.2%
4 to 24 3.9	Medicaid 8.1
25 to 54 16.1	Other Federal 0.3
55 to 64 9.4	State Funds 0.0
65 to 74 25.2	Private Insurance 16.0
75 to 84 31.5	Self Pay 10.4
85 & over 13.0	Other 0.0
	TOTAL PATIENTS 655

Males 35.7% Females 64.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 4.9%	Digestive Disorders 2.3%
Cancer 7.0	Genitourinary Sys. 4.8
Diabetes 8.0	Preg. & Childbirth 1.2
Diseases of Blood 1.1	Arthropathies 0.0
Dementia/Alzheimers 5.6	Osteopathies 6.2
Psychoses/Neuroses 3.9	Perinatal Period 0.0
Central Nervous Sys. 3.7	Ill-Defined Cond. 4.8
Paralysis/CP 2.9	Fractures 1.4
Cardiovascular 5.7	Wounds, Burns 6.8
Stroke 6.2	Compl. of Surgery 6.0
Respiratory 9.4	Other Conditions 8.0

**REVENUE**

Billings \$	2,688,209
Disallowances	732,678
Collections	1,955,531
Other	0
Total	1,955,531

**EXPENSES**

Total \$	2,222,452
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**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	4.1
Licensed Practical Nurses	0.0
Home Health Aides	9.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.0
TOTAL FTES	22.0



**Gundersen Lutheran VN, Inc.**

811 Monitor Street, Suite 101

La Crosse WI 54603

La Crosse County

(608) 791-8400

License Number: 67

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 4/14/00 = 90

Number of unduplicated patients in 1999 = 646

**COUNTIES SERVED**

Buffalo

Crawford

Jackson

Juneau

LaCrosse

Monroe

Trempealeau

Vernon

**TOTAL NUMBER OF ADMISSIONS** 646**PERCENT ADMISSIONS FROM:**

Private Residences 2.2%

General Hospitals 35.4

Nursing Homes 3.3

Other 59.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	615	5,445	8.9
Home Health Aide	550	17,778	32.3
Physical Therapy	150	749	5.0
Spch/Occ/Resp Therapy	97	436	4.5
Medical Social Service	19	66	3.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	600	43,332	72.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>67,806</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 802

**PERCENT DISCHARGES TO:**

Private Residences 47.9%

General Hospitals 25.6

Nursing Homes 3.9

Deaths 0.0

Other 22.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 52.0%
4 to 24 1.4	Medicaid 28.9
25 to 54 12.1	Other Federal 1.5
55 to 64 10.2	State Funds 0.0
65 to 74 22.1	Private Insurance 15.9
75 to 84 31.9	Self Pay 1.5
85 & over 21.5	Other 0.0
	<b>TOTAL PATIENTS 646</b>

Males 36.7% Females 63.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.5%
Cancer 8.0	Genitourinary Sys. 3.7
Diabetes 2.8	Preg. & Childbirth 0.3
Diseases of Blood 0.3	Arthropathies 7.4
Dementia/Alzheimers 0.0	Osteopathies 1.9
Psychoses/Neuroses 4.3	Perinatal Period 0.2
Central Nervous Sys. 2.6	Ill-Defined Cond. 6.2
Paralysis/CP 0.8	Fractures 4.6
Cardiovascular 18.1	Wounds, Burns 3.7
Stroke 4.5	Compl. of Surgery 1.2
Respiratory 8.8	Other Conditions 18.9

**REVENUE**

Billings \$	4,962,824
Disallowances	1,059,365
Collections	3,903,459
Other	0
<b>Total</b>	<b>3,903,459</b>

**EXPENSES**

<b>Total</b>	<b>\$ 4,695,783</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	14.6
Licensed Practical Nurses	7.8
Home Health Aides	23.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.8
<b>TOTAL FTEs</b>	<b>50.6</b>

**La Crosse County Health Department**

300 4th Street North

La Crosse WI 54601

La Crosse County

**COUNTIES SERVED**

LaCrosse

(608) 785-9723

License Number: 66

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 29

Number of unduplicated patients in 1999 = 185

**TOTAL NUMBER OF ADMISSIONS** 117**PERCENT ADMISSIONS FROM:**

Private Residences 40.2%

General Hospitals 34.2

Nursing Homes 25.6

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	185	3,762	20.3
Home Health Aide	140	7,864	56.2
Physical Therapy	40	224	5.6
Spch/Occ/Resp Therapy	11	34	3.1
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	300	17,459	58.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>29,343</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 67

**PERCENT DISCHARGES TO:**

Private Residences 26.9%

General Hospitals 20.9

Nursing Homes 38.8

Deaths 6.0

Other 7.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 35.7%
4 to 24 1.1	Medicaid 37.1
25 to 54 15.7	Other Federal 0.0
55 to 64 9.7	State Funds 0.3
65 to 74 21.6	Private Insurance 12.6
75 to 84 23.8	Self Pay 14.3
85 & over 28.1	Other 0.0
	<b>TOTAL PATIENTS 342</b>

Males 35.1% Females 64.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.5%	Digestive Disorders 1.6%
Cancer 2.7	Genitourinary Sys. 2.7
Diabetes 3.8	Preg. & Childbirth 0.0
Diseases of Blood 5.4	Arthropathies 4.3
Dementia/Alzheimers 0.5	Osteopathies 2.7
Psychoses/Neuroses 4.9	Perinatal Period 0.0
Central Nervous Sys. 4.9	Ill-Defined Cond. 8.6
Paralysis/CP 1.6	Fractures 3.8
Cardiovascular 23.8	Wounds, Burns 1.6
Stroke 3.2	Compl. of Surgery 0.5
Respiratory 8.1	Other Conditions 14.6

**REVENUE**

Billings \$	935,494
Disallowances	131,630
Collections	803,864
Other	33,432
<b>Total</b>	<b>837,296</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,292,323</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.4
Licensed Practical Nurses	0.0
Home Health Aides	5.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.1
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	5.7
<b>TOTAL FTEs</b>	<b>20.8</b>

**Lafayette County Nursing Agency**

729 Clay Street, P. O. Box 118

Darlington WI 53530

Lafayette County

**COUNTIES SERVED**

LaFayette

(608) 776-4895

License Number: 68

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 11

Number of unduplicated patients in 1999 = 144

**TOTAL NUMBER OF ADMISSIONS** 113**PERCENT ADMISSIONS FROM:**

Private Residences 46.9%

General Hospitals 40.7

Nursing Homes 12.4

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	133	2,583	19.4
Home Health Aide	37	1,132	30.6
Physical Therapy	31	110	3.5
Spch/Occ/Resp Therapy	11	15	1.4
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	32	621	19.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>4,461</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 102

**PERCENT DISCHARGES TO:**

Private Residences 53.9%

General Hospitals 9.8

Nursing Homes 15.7

Deaths 9.8

Other 10.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 69.8%
4 to 24 0.7	Medicaid 14.1
25 to 54 9.7	Other Federal 0.7
55 to 64 6.9	State Funds 0.0
65 to 74 25.0	Private Insurance 6.7
75 to 84 33.3	Self Pay 8.7
85 & over 24.3	Other 0.0
	<b>TOTAL PATIENTS</b> 149

Males 38.9% Females 61.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 4.2%	Digestive Disorders 4.2%
Cancer 4.2	Genitourinary Sys. 0.0
Diabetes 9.7	Preg. & Childbirth 0.0
Diseases of Blood 6.3	Arthropathies 9.0
Dementia/Alzheimers 0.0	Osteopathies 1.4
Psychoses/Neuroses 1.4	Perinatal Period 0.0
Central Nervous Sys. 3.5	Ill-Defined Cond. 9.0
Paralysis/CP 0.0	Fractures 4.2
Cardiovascular 25.0	Wounds, Burns 3.5
Stroke 6.9	Compl. of Surgery 0.0
Respiratory 7.6	Other Conditions 0.0

**REVENUE**

Billings \$	288,740
Disallowances	48,643
Collections	240,097
Other	5,460
<b>Total</b>	<b>245,557</b>

**EXPENSES**

<b>Total</b> \$	<b>363,462</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	3.5
Licensed Practical Nurses	0.0
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	4.0
Other Staff	2.0
<b>TOTAL FTEs</b>	<b>13.4</b>

**Visiting Nurses of Langlade County**

1225 Langlade Road

Antigo WI 54409

Langlade County

**COUNTIES SERVED**

Langlade

(715) 627-6250

License Number: 69

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 12

Number of unduplicated patients in 1999 = 267

**TOTAL NUMBER OF ADMISSIONS** 227**PERCENT ADMISSIONS FROM:**

Private Residences	11.0%
General Hospitals	56.4
Nursing Homes	13.2
Other	19.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	257	1,563	6.1
Home Health Aide	54	1,312	24.3
Physical Therapy	82	552	6.7
Spch/Occ/Resp Therapy	17	64	3.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	250	21,119	84.5
Other Home Health Care	18	385	21.4
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	24,995	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 245

**PERCENT DISCHARGES TO:**

Private Residences	51.4%
General Hospitals	23.7
Nursing Homes	6.5
Deaths	3.3
Other	15.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 54.3%
4 to 24 1.5	Medicaid 32.6
25 to 54 4.9	Other Federal 0.0
55 to 64 3.0	State Funds 0.0
65 to 74 18.0	Private Insurance 2.2
75 to 84 39.7	Self Pay 10.9
85 & over 33.0	Other 0.0
	TOTAL PATIENTS 267

Males 41.6% Females 58.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 1.5%
Cancer 4.5	Genitourinary Sys. 4.1
Diabetes 1.9	Preg. & Childbirth 0.4
Diseases of Blood 0.4	Arthropathies 10.9
Dementia/Alzheimers 1.1	Osteopathies 1.1
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.9	Ill-Defined Cond. 24.3
Paralysis/CP 0.7	Fractures 7.1
Cardiovascular 10.9	Wounds, Burns 0.0
Stroke 3.4	Compl. of Surgery 0.0
Respiratory 3.0	Other Conditions 22.1

**REVENUE**

Billings \$	701,075
Disallowances	141,610
Collections	559,465
Other	0
Total	559,465

**EXPENSES**

Total \$	830,325
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**STAFFING****FTEs**

Administrators	2.0
Reg. Nurse Supervisors	0.0
Registered Nurses	7.0
Licensed Practical Nurses	0.0
Home Health Aides	3.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTEs	15.0

**Family Services Lakeshore, Inc.**

333 Reed Avenue, P. O. Box 1450

Manitowoc WI 54220

Manitowoc County

**COUNTIES SERVED**

Kewaunee

Manitowoc

(920) 683-8441

License Number: 143

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 4/14/00 = 86

Number of unduplicated patients in 1999 = 543

**TOTAL NUMBER OF ADMISSIONS** 451**PERCENT ADMISSIONS FROM:**

Private Residences 0.4%

General Hospitals 82.0

Nursing Homes 3.8

Other 13.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	523	8,058	15.4
Home Health Aide	445	9,966	22.4
Physical Therapy	80	682	8.5
Spch/Occ/Resp Therapy	53	316	6.0
Medical Social Service	6	7	1.2
Private Duty Nursing	2	676	338.0
Personal Care/PC RN Supv.	106	6,987	65.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>26,692</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 492

**PERCENT DISCHARGES TO:**

Private Residences 64.6%

General Hospitals 24.2

Nursing Homes 3.3

Deaths 2.2

Other 5.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 70.6%
4 to 24 6.4	Medicaid 10.3
25 to 54 11.8	Other Federal 0.4
55 to 64 8.5	State Funds 0.2
65 to 74 18.2	Private Insurance 18.0
75 to 84 33.1	Self Pay 0.5
85 & over 21.0	Other 0.0
	<b>TOTAL PATIENTS</b> 561

Males 36.8% Females 63.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 0.9%
Cancer 8.7	Genitourinary Sys. 5.5
Diabetes 5.3	Preg. & Childbirth 0.4
Diseases of Blood 1.1	Arthropathies 4.2
Dementia/Alzheimers 0.4	Osteopathies 2.0
Psychoses/Neuroses 0.9	Perinatal Period 0.2
Central Nervous Sys. 3.9	Ill-Defined Cond. 5.2
Paralysis/CP 1.8	Fractures 4.4
Cardiovascular 23.0	Wounds, Burns 2.4
Stroke 1.8	Compl. of Surgery 3.3
Respiratory 10.7	Other Conditions 13.1

**REVENUE**

Billings \$	1,677,623
Disallowances	198,153
Collections	1,479,470
Other	0
<b>Total</b>	<b>1,479,470</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,775,615</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	10.7
Licensed Practical Nurses	0.5
Home Health Aides	27.5
Physical Therapists	0.8
Occupational Therapists	0.4
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	6.1
Homemakers	0.0
Other Staff	4.0
<b>TOTAL FTEs</b>	<b>53.0</b>

**Homecare Health Services, Inc.**

1004 Washington Street  
Manitowoc WI 54220

Manitowoc County

**COUNTIES SERVED**

Manitowoc

(920) 684-7155

License Number: 1

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 2

Number of unduplicated patients in 1999 = 81

**TOTAL NUMBER OF ADMISSIONS** 67

**PERCENT ADMISSIONS FROM:**

Private Residences	76.1%
General Hospitals	0.0
Nursing Homes	0.0
Other	23.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	68	864	12.7
Home Health Aide	25	765	30.6
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	48	2,527	52.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,156	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 79

**PERCENT DISCHARGES TO:**

Private Residences	60.8%
General Hospitals	22.8
Nursing Homes	6.3
Deaths	3.8
Other	6.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.2%	Medicare 56.4%
4 to 24 6.2	Medicaid 31.9
25 to 54 11.1	Other Federal 0.0
55 to 64 4.9	State Funds 2.1
65 to 74 19.8	Private Insurance 8.5
75 to 84 37.0	Self Pay 1.1
85 & over 19.8	Other 0.0
	TOTAL PATIENTS 94

Males 38.3% Females 61.7 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.2%
Cancer 9.9	Genitourinary Sys. 3.7
Diabetes 3.7	Preg. & Childbirth 0.0
Diseases of Blood 1.2	Arthropathies 9.9
Dementia/Alzheimers 2.5	Osteopathies 2.5
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.5	Ill-Defined Cond. 2.5
Paralysis/CP 6.2	Fractures 6.2
Cardiovascular 24.7	Wounds, Burns 1.2
Stroke 4.9	Compl. of Surgery 2.5
Respiratory 2.5	Other Conditions 14.8

**REVENUE**

Billings \$	322,102
Disallowances	65,648
Collections	256,454
Other	26,129
Total	282,583

**EXPENSES**

Total \$	257,918
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**STAFFING****FTEs**

Administrators	0.2
Reg. Nurse Supervisors	0.2
Registered Nurses	1.1
Licensed Practical Nurses	0.0
Home Health Aides	0.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.2
Homemakers	0.0
Other Staff	0.8
TOTAL FTEs	4.1

**Interim Healthcare**

2402 Grand Avenue  
Wausau WI 54403

Marathon County

(715) 842-7707

**COUNTIES SERVED**

Lincoln  
Marathon  
Portage  
Shawano

License Number: 277  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 16  
Number of unduplicated patients in 1999 = 167

**TOTAL NUMBER OF ADMISSIONS** 160

**PERCENT ADMISSIONS FROM:**

Private Residences 6.9%  
General Hospitals 85.0  
Nursing Homes 6.3  
Other 1.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	160	1,727	10.8
Home Health Aide	65	3,715	57.2
Physical Therapy	79	659	8.3
Spch/Occ/Resp Therapy	26	78	3.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	18	3,535	196.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	9,714	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 163

**PERCENT DISCHARGES TO:**

Private Residences 76.1%  
General Hospitals 19.0  
Nursing Homes 2.5  
Deaths 1.2  
Other 1.2

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 64.7%
4 to 24 2.4	Medicaid 16.2
25 to 54 18.6	Other Federal 0.0
55 to 64 10.8	State Funds 0.0
65 to 74 17.4	Private Insurance 19.2
75 to 84 28.7	Self Pay 0.0
85 & over 22.2	Other 0.0
	TOTAL PATIENTS 167

Males 42.5% Females 57.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.4%	Digestive Disorders 1.2%
Cancer 9.6	Genitourinary Sys. 1.8
Diabetes 0.6	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 10.2
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.6	Perinatal Period 0.0
Central Nervous Sys. 6.0	Ill-Defined Cond. 6.6
Paralysis/CP 1.8	Fractures 10.8
Cardiovascular 21.0	Wounds, Burns 7.2
Stroke 2.4	Compl. of Surgery 3.0
Respiratory 3.0	Other Conditions 12.0

**REVENUE**

Billings \$	518,422
Disallowances	28,439
Collections	489,983
Other	0
Total	489,983

**EXPENSES**

Total \$	573,240
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	0.9
Licensed Practical Nurses	0.1
Home Health Aides	10.5
Physical Therapists	0.3
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.3
Homemakers	0.0
Other Staff	2.3
TOTAL FTEs	16.1

**VNA Home Health, Inc.**

520 North 32nd Avenue  
Wausau WI 54401

Marathon County

(715) 847-2600

License Number: 73

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 4/14/00 = 211

Number of unduplicated patients in 1999 = 1,778

**COUNTIES SERVED**

Forest  
Langlade  
Lincoln  
Marathon  
Oneida  
Portage  
Shawano  
Taylor  
Vilas  
Wood

**TOTAL NUMBER OF ADMISSIONS** 1,838

**PERCENT ADMISSIONS FROM:**

Private Residences	27.5%
General Hospitals	59.5
Nursing Homes	9.1
Other	3.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,439	21,826	15.2
Home Health Aide	446	35,368	79.3
Physical Therapy	475	2,471	5.2
Spch/Occ/Resp Therapy	198	1,110	5.6
Medical Social Service	32	34	1.1
Private Duty Nursing	18	1,281	71.2
Personal Care/PC RN Supv.	246	16,654	67.7
Other Home Health Care	8	181	22.6
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>78,925</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,768

**PERCENT DISCHARGES TO:**

Private Residences	71.7%
General Hospitals	18.9
Nursing Homes	2.2
Deaths	1.2
Other	6.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 8.4%	Medicare 66.3%
4 to 24 2.3	Medicaid 11.0
25 to 54 12.4	Other Federal 0.0
55 to 64 9.0	State Funds 0.7
65 to 74 20.8	Private Insurance 19.4
75 to 84 28.5	Self Pay 2.7
85 & over 18.6	Other 0.0
	<b>TOTAL PATIENTS 1,796</b>

Males 41.8% Females 58.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.0%	Digestive Disorders 1.0%
Cancer 6.3	Genitourinary Sys. 2.6
Diabetes 3.7	Preg. & Childbirth 0.3
Diseases of Blood 0.1	Arthropathies 9.3
Dementia/Alzheimers 2.1	Osteopathies 1.6
Psychoses/Neuroses 0.8	Perinatal Period 1.1
Central Nervous Sys. 2.2	Ill-Defined Cond. 10.7
Paralysis/CP 2.0	Fractures 6.4
Cardiovascular 20.2	Wounds, Burns 5.4
Stroke 2.5	Compl. of Surgery 0.0
Respiratory 5.3	Other Conditions 15.2

**REVENUE**

Billings \$	5,953,989
Disallowances	1,553,150
Collections	4,400,839
Other	1,072
<b>Total</b>	<b>4,401,911</b>

**EXPENSES**

<b>Total \$</b>	<b>4,761,982</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	24.5
Licensed Practical Nurses	0.6
Home Health Aides	29.6
Physical Therapists	2.6
Occupational Therapists	0.7
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	1.0
Personal Care Workers	7.0
Homemakers	0.0
Other Staff	16.6
<b>TOTAL FTEs</b>	<b>84.4</b>



**Caregivers Home Health**

3900 Hall Avenue, Suite A  
Marinette WI 54143

Marinette County

**COUNTIES SERVED**

Marinette  
Menominee

(715) 735-6490

License Number: 1005

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 31

Number of unduplicated patients in 1999 = 146

**TOTAL NUMBER OF ADMISSIONS** 169

**PERCENT ADMISSIONS FROM:**

Private Residences	75.7%
General Hospitals	16.6
Nursing Homes	7.7
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	40	1,250	31.3
Home Health Aide	16	4,802	300.1
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	595	297.5
Personal Care/PC RN Supv.	92	13,125	142.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	163	54.3
TOTAL	XXXXXXX	19,935	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 124

**PERCENT DISCHARGES TO:**

Private Residences	58.9%
General Hospitals	14.5
Nursing Homes	4.8
Deaths	4.8
Other	16.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 17.1%
4 to 24 1.4	Medicaid 59.6
25 to 54 5.5	Other Federal 0.0
55 to 64 7.5	State Funds 23.3
65 to 74 14.4	Private Insurance 0.0
75 to 84 63.7	Self Pay 0.0
85 & over 6.8	Other 0.0
	TOTAL PATIENTS 146

Males 66.4% Females 33.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.4%	Digestive Disorders 0.7%
Cancer 4.1	Genitourinary Sys. 2.1
Diabetes 18.5	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 19.9
Dementia/Alzheimers 0.0	Osteopathies 0.7
Psychoses/Neuroses 0.7	Perinatal Period 0.0
Central Nervous Sys. 4.1	Ill-Defined Cond. 0.0
Paralysis/CP 2.7	Fractures 4.8
Cardiovascular 19.2	Wounds, Burns 1.4
Stroke 0.7	Compl. of Surgery 1.4
Respiratory 13.0	Other Conditions 4.1

**REVENUE**

Billings \$	1,102,107
Disallowances	378,188
Collections	723,919
Other	0
Total	723,919

**EXPENSES**

Total \$	702,552
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**STAFFING****FTEs**

Administrators	0.2
Reg. Nurse Supervisors	2.7
Registered Nurses	0.7
Licensed Practical Nurses	3.1
Home Health Aides	4.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	21.7
Homemakers	1.5
Other Staff	2.3
TOTAL FTEs	36.2

**Northland Lutheran Home Health Services, Inc.**  
 1105 Northland Terrace Lane  
 Marinette WI 54143                      Marinette County

**COUNTIES SERVED**  
 Marinette

(715) 735-6222

License Number: 256  
 Ownership of Agency: Nonprofit Church  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 30  
 Number of unduplicated patients in 1999 = 353

**TOTAL NUMBER OF ADMISSIONS** 313

**PERCENT ADMISSIONS FROM:**

Private Residences	22.4%
General Hospitals	65.2
Nursing Homes	10.2
Other	2.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	350	3,453	9.9
Home Health Aide	112	1,286	11.5
Physical Therapy	34	281	8.3
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	2	2	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	6	237	39.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,259	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 352

**PERCENT DISCHARGES TO:**

Private Residences	69.9%
General Hospitals	7.4
Nursing Homes	7.7
Deaths	11.1
Other	4.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 79.6%
4 to 24 0.0	Medicaid 6.4
25 to 54 8.8	Other Federal 0.0
55 to 64 8.2	State Funds 0.0
65 to 74 32.6	Private Insurance 13.3
75 to 84 32.0	Self Pay 0.3
85 & over 18.4	Other 0.6
	TOTAL PATIENTS 362

Males 42.5%      Females 57.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.6%	Digestive Disorders 3.4%
Cancer 11.9	Genitourinary Sys. 6.5
Diabetes 4.8	Preg. & Childbirth 0.0
Diseases of Blood 0.6	Arthropathies 7.4
Dementia/Alzheimers 0.0	Osteopathies 0.8
Psychoses/Neuroses 0.3	Perinatal Period 1.1
Central Nervous Sys. 1.4	Ill-Defined Cond. 3.1
Paralysis/CP 0.0	Fractures 7.1
Cardiovascular 15.3	Wounds, Burns 8.5
Stroke 7.9	Compl. of Surgery 0.3
Respiratory 9.9	Other Conditions 9.1

**REVENUE**

Billings \$	503,088
Disallowances	60,317
Collections	442,771
Other	5,310
Total	448,081

**EXPENSES**

Total \$	536,212
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**STAFFING**

**FTEs**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.4
Licensed Practical Nurses	0.0
Home Health Aides	3.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTEs	12.3

**Northland Home Health Agency**

629 South Charles Street  
Westfield WI 53964

Marquette County

(608) 296-3811

**COUNTIES SERVED**

Adams  
Green Lake  
Marquette  
Waushara

License Number: 241  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 42  
Number of unduplicated patients in 1999 = 175

**TOTAL NUMBER OF ADMISSIONS** 177

**PERCENT ADMISSIONS FROM:**

Private Residences	34.5%
General Hospitals	52.0
Nursing Homes	7.9
Other	5.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	158	2,873	18.2
Home Health Aide	86	4,050	47.1
Physical Therapy	50	265	5.3
Spch/Occ/Resp Therapy	33	231	7.0
Medical Social Service	15	41	2.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	74	3,653	49.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>11,113</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 172

**PERCENT DISCHARGES TO:**

Private Residences	54.7%
General Hospitals	32.0
Nursing Homes	3.5
Deaths	3.5
Other	6.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.1%	Medicare 59.5%
4 to 24 2.9	Medicaid 25.5
25 to 54 9.7	Other Federal 1.0
55 to 64 13.1	State Funds 1.5
65 to 74 21.7	Private Insurance 7.5
75 to 84 29.7	Self Pay 4.5
85 & over 21.7	Other 0.5
	<b>TOTAL PATIENTS 200</b>

Males 41.7% Females 58.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 4.0%
Cancer 5.1	Genitourinary Sys. 2.3
Diabetes 13.7	Preg. & Childbirth 0.0
Diseases of Blood 1.7	Arthropathies 6.9
Dementia/Alzheimers 1.1	Osteopathies 4.0
Psychoses/Neuroses 0.6	Perinatal Period 0.6
Central Nervous Sys. 1.7	Ill-Defined Cond. 2.9
Paralysis/CP 3.4	Fractures 8.6
Cardiovascular 18.9	Wounds, Burns 6.3
Stroke 4.0	Compl. of Surgery 2.3
Respiratory 9.1	Other Conditions 2.9

**REVENUE**

Billings \$	694,801
Disallowances	153,314
Collections	541,487
Other	0
<b>Total</b>	<b>541,487</b>

**EXPENSES**

<b>Total \$</b>	<b>552,921</b>
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**STAFFING****FTEs**

Administrators	0.7
Reg. Nurse Supervisors	0.3
Registered Nurses	4.4
Licensed Practical Nurses	0.0
Home Health Aides	2.6
Physical Therapists	0.3
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	1.4
Homemakers	0.0
Other Staff	2.3
<b>TOTAL FTEs</b>	<b>11.9</b>

**Horizon Home Care & Hospice**

8949 North Deerbrook Trail

Brown Deer WI 53223

Milwaukee County

(414) 365-8300

License Number: 150

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 4/14/00 = 369

Number of unduplicated patients in 1999 = 6,633

**COUNTIES SERVED**

Dodge

Kenosha

Milwaukee

Ozaukee

Racine

Sheboygan

Washington

Waukesha

**TOTAL NUMBER OF ADMISSIONS** 6,180**PERCENT ADMISSIONS FROM:**

Private Residences 10.8%

General Hospitals 82.3

Nursing Homes 2.8

Other 4.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	3,482	88,520	25.4
Home Health Aide	1,161	31,514	27.1
Physical Therapy	1,841	15,436	8.4
Spch/Occ/Resp Therapy	617	4,119	6.7
Medical Social Service	357	510	1.4
Private Duty Nursing	283	13,969	49.4
Personal Care/PC RN Supv.	265	11,023	41.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	1,414	31,488	22.3
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>196,579</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 6,156

**PERCENT DISCHARGES TO:**

Private Residences 64.8%

General Hospitals 6.3

Nursing Homes 1.7

Deaths 9.6

Other 17.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 9.4%	Medicare 48.9%
4 to 24 3.0	Medicaid 8.4
25 to 54 17.9	Other Federal 0.0
55 to 64 11.8	State Funds 0.0
65 to 74 19.3	Private Insurance 33.2
75 to 84 24.6	Self Pay 6.4
85 & over 14.0	Other 3.1
	<b>TOTAL PATIENTS</b> 6,633

Males 42.5% Females 57.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 3.1%
Cancer 12.6	Genitourinary Sys. 2.8
Diabetes 5.4	Preg. & Childbirth 0.6
Diseases of Blood 1.0	Arthropathies 6.5
Dementia/Alzheimers 0.6	Osteopathies 1.0
Psychoses/Neuroses 1.1	Perinatal Period 8.0
Central Nervous Sys. 1.4	Ill-Defined Cond. 8.0
Paralysis/CP 0.4	Fractures 2.9
Cardiovascular 11.0	Wounds, Burns 1.7
Stroke 1.9	Compl. of Surgery 3.9
Respiratory 5.6	Other Conditions 19.5

**REVENUE**

Billings	\$ 19,431,964
Disallowances	5,560,613
Collections	13,871,351
Other	37,266
<b>Total</b>	<b>13,908,617</b>

**EXPENSES**

<b>Total</b>	<b>\$ 14,686,630</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	7.3
Registered Nurses	84.9
Licensed Practical Nurses	13.9
Home Health Aides	60.2
Physical Therapists	14.7
Occupational Therapists	2.6
Speech Pathologists	0.6
Respiratory Therapists	0.0
Medical Social Workers	6.9
Other Therapeutic Staff	1.1
Personal Care Workers	1.0
Homemakers	19.0
Other Staff	63.1
<b>TOTAL FTEs</b>	<b>276.2</b>

**ANS Home Health Service Inc.**

4369 South Howell Avenue, #301

Milwaukee WI 53207

Milwaukee County

**COUNTIES SERVED**

Milwaukee

Washington

Waukesha

(414) 481-9800

License Number: 306

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 162

Number of unduplicated patients in 1999 = 195

**TOTAL NUMBER OF ADMISSIONS** 158**PERCENT ADMISSIONS FROM:**

Private Residences 79.1%

General Hospitals 8.2

Nursing Homes 3.8

Other 8.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	36	7,592	210.9
Home Health Aide	6	2,938	489.7
Physical Therapy	7	73	10.4
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	146	73.0
Personal Care/PC RN Supv.	244	25,487	104.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	2	249	124.5
TOTAL	XXXXXXX	36,485	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 73

**PERCENT DISCHARGES TO:**

Private Residences 64.4%

General Hospitals 17.8

Nursing Homes 4.1

Deaths 12.3

Other 1.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.0%	Medicare 5.0%
4 to 24 3.6	Medicaid 85.1
25 to 54 10.3	Other Federal 1.5
55 to 64 7.2	State Funds 1.5
65 to 74 21.0	Private Insurance 1.5
75 to 84 36.4	Self Pay 5.4
85 & over 20.5	Other 0.0
	TOTAL PATIENTS 202

Males 33.3% Females 66.7 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 4.6	Genitourinary Sys. 1.5
Diabetes 7.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 13.8
Dementia/Alzheimers 7.7	Osteopathies 17.9
Psychoses/Neuroses 0.5	Perinatal Period 0.0
Central Nervous Sys. 7.7	Ill-Defined Cond. 4.1
Paralysis/CP 8.7	Fractures 3.6
Cardiovascular 8.7	Wounds, Burns 5.1
Stroke 5.6	Compl. of Surgery 0.5
Respiratory 1.5	Other Conditions 0.5

**REVENUE**

Billings \$	3,493,878
Disallowances	1,697,388
Collections	1,796,490
Other	0
Total	1,796,490

**EXPENSES**

Total \$	1,748,740
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	9.6
Licensed Practical Nurses	1.8
Home Health Aides	24.6
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	54.8
Homemakers	0.2
Other Staff	7.0
TOTAL FTEs	100.1

**Affiliated Home Health Care, Inc.**

816 West National Avenue

Milwaukee WI 53204

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 389-0371

License Number: 326

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 30

Number of unduplicated patients in 1999 = 36

**TOTAL NUMBER OF ADMISSIONS** 23**PERCENT ADMISSIONS FROM:**

Private Residences 69.6%

General Hospitals 17.4

Nursing Homes 8.7

Other 4.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	27	1,934	71.6
Home Health Aide	22	4,491	204.1
Physical Therapy	13	146	11.2
Spch/Occ/Resp Therapy	2	19	9.5
Medical Social Service	1	1	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	10	239	23.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>6,830</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 22

**PERCENT DISCHARGES TO:**

Private Residences 72.7%

General Hospitals 0.0

Nursing Homes 9.1

Deaths 18.2

Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 4.7%
4 to 24 5.6	Medicaid 93.0
25 to 54 47.2	Other Federal 0.0
55 to 64 16.7	State Funds 0.0
65 to 74 11.1	Private Insurance 2.3
75 to 84 8.3	Self Pay 0.0
85 & over 11.1	Other 0.0
	<b>TOTAL PATIENTS 43</b>

Males 38.9% Females 61.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 2.8	Genitourinary Sys. 2.8
Diabetes 22.2	Preg. & Childbirth 0.0
Diseases of Blood 2.8	Arthropathies 11.1
Dementia/Alzheimers 5.6	Osteopathies 0.0
Psychoses/Neuroses 2.8	Perinatal Period 0.0
Central Nervous Sys. 11.1	Ill-Defined Cond. 0.0
Paralysis/CP 5.6	Fractures 0.0
Cardiovascular 13.9	Wounds, Burns 0.0
Stroke 11.1	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 8.3

**REVENUE**

Billings \$	308,105
Disallowances	179,115
Collections	128,990
Other	340
<b>Total</b>	<b>129,330</b>

**EXPENSES**

<b>Total \$</b>	<b>327,292</b>
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**STAFFING****FTEs**

Administrators	0.9
Reg. Nurse Supervisors	0.0
Registered Nurses	5.1
Licensed Practical Nurses	0.0
Home Health Aides	4.8
Physical Therapists	0.4
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.2
Homemakers	0.0
Other Staff	1.2
<b>TOTAL FTEs</b>	<b>14.6</b>

**Barry Healthcare Service, Inc.**

312 East Wisconsin Avenue  
Milwaukee WI 53202

Milwaukee County

(414) 272-9990

**COUNTIES SERVED**

Milwaukee  
Ozaukee  
Racine  
Waukesha

License Number: 123  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 63  
Number of unduplicated patients in 1999 = 98

**TOTAL NUMBER OF ADMISSIONS** 58

**PERCENT ADMISSIONS FROM:**

Private Residences 79.3%  
General Hospitals 20.7  
Nursing Homes 0.0  
Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	93	5,440	58.5
Home Health Aide	28	6,779	242.1
Physical Therapy	1	3	3.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	7	1,290	184.3
Personal Care/PC RN Supv.	113	13,009	115.1
Other Home Health Care	1	457	457.0
Homemkr & Other Non HH	4	455	113.8
TOTAL	XXXXXXX	27,433	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 43

**PERCENT DISCHARGES TO:**

Private Residences 53.5%  
General Hospitals 32.6  
Nursing Homes 4.7  
Deaths 0.0  
Other 9.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.1%	Medicare 10.1%
4 to 24 13.3	Medicaid 86.2
25 to 54 27.6	Other Federal 0.0
55 to 64 10.2	State Funds 3.7
65 to 74 17.3	Private Insurance 0.0
75 to 84 15.3	Self Pay 0.0
85 & over 12.2	Other 0.0
	TOTAL PATIENTS 109

Males 36.7% Females 63.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.0%
Cancer 3.1	Genitourinary Sys. 7.1
Diabetes 10.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 11.2
Dementia/Alzheimers 4.1	Osteopathies 1.0
Psychoses/Neuroses 0.0	Perinatal Period 1.0
Central Nervous Sys. 6.1	Ill-Defined Cond. 4.1
Paralysis/CP 13.3	Fractures 1.0
Cardiovascular 7.1	Wounds, Burns 0.0
Stroke 9.2	Compl. of Surgery 0.0
Respiratory 4.1	Other Conditions 16.3

**REVENUE**

Billings \$	2,507,058
Disallowances	1,072,965
Collections	1,434,093
Other	785,315
Total	2,219,408

**EXPENSES**

Total \$	2,180,630
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.8
Licensed Practical Nurses	5.7
Home Health Aides	8.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	12.7
Homemakers	0.0
Other Staff	8.6
TOTAL FTEs	45.1

**Covenant Home Health & Hospice, Inc.**

9688 West Appleton Avenue  
Milwaukee WI 53225

Milwaukee County

(414) 535-6900

License Number: 179  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 173  
Number of unduplicated patients in 1999 = 4,192

**COUNTIES SERVED**

Dodge  
Kenosha  
Milwaukee  
Ozaukee  
Racine  
Washington  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 4,688

**PERCENT ADMISSIONS FROM:**

Private Residences 17.6%  
General Hospitals 77.3  
Nursing Homes 5.1  
Other 0.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 4,114

**PERCENT DISCHARGES TO:**

Private Residences 80.2%  
General Hospitals 10.8  
Nursing Homes 2.0  
Deaths 2.5  
Other 4.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	.	.	.
Home Health Aide	.	.	.
Physical Therapy	1,564	6,929	4.4
Spch/Occ/Resp Therapy	661	2,069	3.1
Medical Social Service	353	488	1.4
Private Duty Nursing	13	3,730	286.9
Personal Care/PC RN Supv.	.	.	.
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	52	606	11.7
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>85,233</b>	<b>XXXXX</b>

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 8.6%	Medicare 51.0%
4 to 24 2.3	Medicaid 4.4
25 to 54 12.5	Other Federal 0.1
55 to 64 10.9	State Funds 0.2
65 to 74 19.3	Private Insurance 38.7
75 to 84 28.9	Self Pay 5.6
85 & over 17.5	Other 0.0
	<b>TOTAL PATIENTS 4,340</b>

Males 38.8% Females 61.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.8%	Digestive Disorders 1.0%
Cancer 9.9	Genitourinary Sys. 3.2
Diabetes 2.7	Preg. & Childbirth 0.2
Diseases of Blood 1.2	Arthropathies 9.9
Dementia/Alzheimers 0.4	Osteopathies 1.3
Psychoses/Neuroses 1.1	Perinatal Period 5.0
Central Nervous Sys. 1.8	Ill-Defined Cond. 10.0
Paralysis/CP 0.4	Fractures 4.4
Cardiovascular 13.7	Wounds, Burns 8.9
Stroke 3.8	Compl. of Surgery 1.0
Respiratory 4.7	Other Conditions 14.6

**REVENUE**

Billings	\$ 2,895,925
Disallowances	706,794
Collections	2,189,131
Other	17,539
<b>Total</b>	<b>2,206,670</b>

**EXPENSES**

<b>Total</b>	<b>\$ 2,303,769</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	7.0
Registered Nurses	75.5
Licensed Practical Nurses	12.3
Home Health Aides	38.3
Physical Therapists	11.3
Occupational Therapists	3.5
Speech Pathologists	1.5
Respiratory Therapists	0.0
Medical Social Workers	3.8
Other Therapeutic Staff	1.0
Personal Care Workers	0.0
Homemakers	0.3
Other Staff	28.3
<b>TOTAL FTEs</b>	<b>183.6</b>



**Family Service of Milwaukee**

3200 West Highland Blvd.

Milwaukee WI 53208

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 344-3344

License Number: 76

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 11

Number of unduplicated patients in 1999 = 61

**TOTAL NUMBER OF ADMISSIONS** 14**PERCENT ADMISSIONS FROM:**

Private Residences 100.0%

General Hospitals 0.0

Nursing Homes 0.0

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	0	0	0.0
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	122	4,374	35.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	4,374	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 25

**PERCENT DISCHARGES TO:**

Private Residences 16.0%

General Hospitals 8.0

Nursing Homes 28.0

Deaths 12.0

Other 36.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 0.0	Medicaid 12.1
25 to 54 0.0	Other Federal 80.3
55 to 64 1.6	State Funds 7.6
65 to 74 16.4	Private Insurance 0.0
75 to 84 42.6	Self Pay 0.0
85 & over 39.3	Other 0.0
	TOTAL PATIENTS 66

Males 14.8% Females 85.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.6%	Digestive Disorders 0.0%
Cancer 1.6	Genitourinary Sys. 1.6
Diabetes 3.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 37.7
Dementia/Alzheimers 4.9	Osteopathies 1.6
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 1.6	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 1.6
Cardiovascular 9.8	Wounds, Burns 1.6
Stroke 13.1	Compl. of Surgery 0.0
Respiratory 6.6	Other Conditions 13.1

**REVENUE**

Billings \$	238,730
Disallowances	42,084
Collections	196,646
Other	123,521
Total	320,167

**EXPENSES**

Total \$	389,891
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**STAFFING****FTEs**

Administrators	0.3
Reg. Nurse Supervisors	0.7
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	5.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	2.9
Other Staff	0.5
TOTAL FTEs	10.3

**Heartland Home Health Care**

1845 North Farwell Avenue, Suite 301  
 Milwaukee WI 53202 Milwaukee County

(414) 273-6600

**COUNTIES SERVED**

Kenosha  
 Milwaukee  
 Ozaukee  
 Racine  
 Washington  
 Waukesha

License Number: 218  
 Ownership of Agency: Propriety Corp.  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 97  
 Number of unduplicated patients in 1999 = 148

**TOTAL NUMBER OF ADMISSIONS** 96

**PERCENT ADMISSIONS FROM:**

Private Residences	19.8%
General Hospitals	39.6
Nursing Homes	14.6
Other	26.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	148	1,752	11.8
Home Health Aide	48	4,725	98.4
Physical Therapy	8	108	13.5
Spch/Occ/Resp Therapy	4	26	6.5
Medical Social Service	5	9	1.8
Private Duty Nursing	1	1,095	1095
Personal Care/PC RN Supv.	212	17,643	83.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	42	2,259	53.8
TOTAL	XXXXXXX	27,617	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 91

**PERCENT DISCHARGES TO:**

Private Residences	65.9%
General Hospitals	15.4
Nursing Homes	4.4
Deaths	2.2
Other	12.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 8.8%	Medicare 23.8%
4 to 24 0.0	Medicaid 62.2
25 to 54 13.5	Other Federal 0.0
55 to 64 16.9	State Funds 4.2
65 to 74 33.1	Private Insurance 1.4
75 to 84 27.7	Self Pay 8.4
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 286

Males 41.9% Females 58.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.0%	Digestive Disorders 3.4%
Cancer 4.7	Genitourinary Sys. 4.7
Diabetes 16.2	Preg. & Childbirth 1.4
Diseases of Blood 7.4	Arthropathies 4.1
Dementia/Alzheimers 5.4	Osteopathies 0.0
Psychoses/Neuroses 4.1	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 4.7	Fractures 1.4
Cardiovascular 11.5	Wounds, Burns 3.4
Stroke 7.4	Compl. of Surgery 0.0
Respiratory 3.4	Other Conditions 14.9

**REVENUE**

Billings	\$ 1,548,369
Disallowances	243,773
Collections	1,304,596
Other	0
Total	1,304,596

**EXPENSES**

Total	\$ 1,023,939
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.0
Licensed Practical Nurses	6.0
Home Health Aides	22.8
Physical Therapists	1.0
Occupational Therapists	1.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	1.0
Other Therapeutic Staff	0.0
Personal Care Workers	17.5
Homemakers	2.0
Other Staff	4.0
TOTAL FTEs	61.3

**Laabs Home Health Care, Inc.**

619 North 35th  
Milwaukee WI 53208

Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Waukesha

(414) 342-7442

License Number: 147  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 67  
Number of unduplicated patients in 1999 = 93

**TOTAL NUMBER OF ADMISSIONS** 35

**PERCENT ADMISSIONS FROM:**

Private Residences	11.4%
General Hospitals	45.7
Nursing Homes	2.9
Other	40.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	83	17,434	210.0
Home Health Aide	17	4,283	251.9
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	5	2,236	447.2
Personal Care/PC RN Supv.	48	5,252	109.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>29,205</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 36

**PERCENT DISCHARGES TO:**

Private Residences	41.7%
General Hospitals	30.6
Nursing Homes	19.4
Deaths	5.6
Other	2.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 33.3%
4 to 24 6.5	Medicaid 63.5
25 to 54 20.4	Other Federal 0.0
55 to 64 7.5	State Funds 0.0
65 to 74 28.0	Private Insurance 1.0
75 to 84 20.4	Self Pay 2.1
85 & over 17.2	Other 0.0
	<b>TOTAL PATIENTS 96</b>

Males 31.2% Females 68.8 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 2.2%
Cancer 1.1	Genitourinary Sys. 2.2
Diabetes 31.2	Preg. & Childbirth 0.0
Diseases of Blood 7.5	Arthropathies 1.1
Dementia/Alzheimers 6.5	Osteopathies 5.4
Psychoses/Neuroses 6.5	Perinatal Period 1.1
Central Nervous Sys. 5.4	Ill-Defined Cond. 2.2
Paralysis/CP 6.5	Fractures 1.1
Cardiovascular 4.3	Wounds, Burns 5.4
Stroke 3.2	Compl. of Surgery 1.1
Respiratory 2.2	Other Conditions 4.3

**REVENUE**

Billings	\$ 3,022,887
Disallowances	1,681,248
Collections	1,341,639
Other	0
<b>Total</b>	<b>1,341,639</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,469,150</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.0
Licensed Practical Nurses	5.8
Home Health Aides	3.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	6.1
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTEs</b>	<b>25.1</b>

**Metro Home Health Services, Inc.**

6014 West Congress Street  
Milwaukee WI 53218

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 464-4490

License Number: 23  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 115  
Number of unduplicated patients in 1999 = 236

**TOTAL NUMBER OF ADMISSIONS** 136

**PERCENT ADMISSIONS FROM:**

Private Residences 13.2%  
General Hospitals 70.6  
Nursing Homes 0.0  
Other 16.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	123	1,820	14.8
Home Health Aide	56	9,699	173.2
Physical Therapy	26	446	17.2
Spch/Occ/Resp Therapy	6	109	18.2
Medical Social Service	0	0	0.0
Private Duty Nursing	1	42	42.0
Personal Care/PC RN Supv.	302	31,245	103.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	6	286	47.7
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>43,647</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 112

**PERCENT DISCHARGES TO:**

Private Residences 51.8%  
General Hospitals 21.4  
Nursing Homes 6.3  
Deaths 9.8  
Other 10.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 17.8%
4 to 24 2.5	Medicaid 71.4
25 to 54 19.1	Other Federal 0.4
55 to 64 10.6	State Funds 3.3
65 to 74 25.0	Private Insurance 2.2
75 to 84 25.8	Self Pay 3.3
85 & over 16.9	Other 1.8
	<b>TOTAL PATIENTS 276</b>

Males 22.9% Females 77.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.4%	Digestive Disorders 1.3%
Cancer 0.8	Genitourinary Sys. 2.5
Diabetes 8.5	Preg. & Childbirth 0.0
Diseases of Blood 1.3	Arthropathies 14.0
Dementia/Alzheimers 4.7	Osteopathies 0.4
Psychoses/Neuroses 3.4	Perinatal Period 0.8
Central Nervous Sys. 3.4	Ill-Defined Cond. 3.4
Paralysis/CP 7.6	Fractures 2.1
Cardiovascular 12.7	Wounds, Burns 4.7
Stroke 11.4	Compl. of Surgery 0.0
Respiratory 4.7	Other Conditions 11.9

**REVENUE**

Billings \$	2,547,105
Disallowances	1,004,559
Collections	1,542,546
Other	94,150
<b>Total</b>	<b>1,636,696</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,825,109</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	2.7
Licensed Practical Nurses	0.0
Home Health Aides	13.3
Physical Therapists	0.4
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	56.5
Homemakers	0.2
Other Staff	11.0
<b>TOTAL FTEs</b>	<b>84.9</b>

**Midamerica Healthcare Corporation/WI**

7905 West Appleton Avenue, #201

Milwaukee WI 53218

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 578-2961

License Number: 309

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 296

Number of unduplicated patients in 1999 = 443

**TOTAL NUMBER OF ADMISSIONS** 235**PERCENT ADMISSIONS FROM:**

Private Residences 89.8%

General Hospitals 2.6

Nursing Homes 0.4

Other 7.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	264	1,169	4.4
Home Health Aide	11	1,631	148.3
Physical Therapy	16	158	9.9
Spch/Occ/Resp Therapy	3	3	1.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	792	177,908	224.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	182	60.7
TOTAL	XXXXXXX	181,051	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 157

**PERCENT DISCHARGES TO:**

Private Residences 72.6%

General Hospitals 8.3

Nursing Homes 7.0

Deaths 12.1

Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.2%	Medicare 3.7%
4 to 24 2.9	Medicaid 95.6
25 to 54 10.2	Other Federal 0.0
55 to 64 13.5	State Funds 0.0
65 to 74 28.9	Private Insurance 0.2
75 to 84 30.2	Self Pay 0.4
85 & over 14.0	Other 0.0
	TOTAL PATIENTS 457

Males 36.1% Females 63.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 0.5%
Cancer 2.7	Genitourinary Sys. 2.0
Diabetes 3.6	Preg. & Childbirth 0.0
Diseases of Blood 0.9	Arthropathies 38.1
Dementia/Alzheimers 1.1	Osteopathies 2.0
Psychoses/Neuroses 2.5	Perinatal Period 0.2
Central Nervous Sys. 1.8	Ill-Defined Cond. 8.1
Paralysis/CP 3.4	Fractures 1.6
Cardiovascular 8.8	Wounds, Burns 2.0
Stroke 9.0	Compl. of Surgery 0.0
Respiratory 2.5	Other Conditions 8.4

**REVENUE**

Billings	\$ 8,863,078
Disallowances	4,182,787
Collections	4,680,291
Other	15,066
Total	4,695,357

**EXPENSES**

Total	\$ 4,527,569
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.0
Licensed Practical Nurses	0.0
Home Health Aides	2.5
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	125.3
Homemakers	0.2
Other Staff	3.7
TOTAL FTEs	140.8

**Preferred Home Health Services, LLC**

10919 West Bluemound Road  
Milwaukee WI 53226

Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Waukesha

(414) 774-3901

License Number: 278  
Ownership of Agency: Limited Liability Company  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 46  
Number of unduplicated patients in 1999 = 68

**TOTAL NUMBER OF ADMISSIONS** 78

**PERCENT ADMISSIONS FROM:**

Private Residences 82.1%  
General Hospitals 15.4  
Nursing Homes 1.3  
Other 1.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	24	1,373	57.2
Home Health Aide	28	1,514	54.1
Physical Therapy	7	59	8.4
Spch/Occ/Resp Therapy	2	18	9.0
Medical Social Service	0	0	0.0
Private Duty Nursing	1	53	53.0
Personal Care/PC RN Supv.	52	1,363	26.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	46	15.3
TOTAL	XXXXXXX	4,426	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 30

**PERCENT DISCHARGES TO:**

Private Residences 46.7%  
General Hospitals 30.0  
Nursing Homes 3.3  
Deaths 0.0  
Other 20.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.4%	Medicare 20.6%
4 to 24 1.5	Medicaid 42.6
25 to 54 26.5	Other Federal 0.0
55 to 64 11.8	State Funds 0.0
65 to 74 17.6	Private Insurance 17.6
75 to 84 17.6	Self Pay 19.1
85 & over 20.6	Other 0.0
	TOTAL PATIENTS 68

Males 32.4% Females 67.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 1.5	Genitourinary Sys. 0.0
Diabetes 5.9	Preg. & Childbirth 0.0
Diseases of Blood 1.5	Arthropathies 17.6
Dementia/Alzheimers 1.5	Osteopathies 0.0
Psychoses/Neuroses 1.5	Perinatal Period 0.0
Central Nervous Sys. 5.9	Ill-Defined Cond. 4.4
Paralysis/CP 8.8	Fractures 1.5
Cardiovascular 4.4	Wounds, Burns 7.4
Stroke 5.9	Compl. of Surgery 0.0
Respiratory 2.9	Other Conditions 29.4

**REVENUE**

Billings \$	335,470
Disallowances	148,619
Collections	186,851
Other	27,799
Total	214,650

**EXPENSES**

Total \$	198,233
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.8
Licensed Practical Nurses	0.0
Home Health Aides	3.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.6
Homemakers	0.1
Other Staff	1.9
TOTAL FTEs	13.8

**St John's Home Health Service**

1756 North Prospect Avenue

Milwaukee WI 53202

Milwaukee County

(414) 272-2273

**COUNTIES SERVED**

Milwaukee

Ozaukee

Racine

Washington

Waukesha

License Number: 167

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 47

Number of unduplicated patients in 1999 = 276

**TOTAL NUMBER OF ADMISSIONS** 152**PERCENT ADMISSIONS FROM:**

Private Residences 48.7%

General Hospitals 14.5

Nursing Homes 10.5

Other 26.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	94	1,818	19.3
Home Health Aide	151	16,415	108.7
Physical Therapy	61	536	8.8
Spch/Occ/Resp Therapy	30	247	8.2
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	35	5,981	170.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	162	6,851	42.3
TOTAL	XXXXXXX	31,848	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 168

**PERCENT DISCHARGES TO:**

Private Residences 58.9%

General Hospitals 11.9

Nursing Homes 15.5

Deaths 11.3

Other 2.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 23.5%
4 to 24 0.0	Medicaid 8.9
25 to 54 8.7	Other Federal 2.7
55 to 64 6.2	State Funds 14.3
65 to 74 10.5	Private Insurance 3.6
75 to 84 36.6	Self Pay 47.0
85 & over 38.0	Other 0.0
	TOTAL PATIENTS 336

Males 31.5% Females 68.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.7	Genitourinary Sys. 0.0
Diabetes 1.4	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 2.9
Dementia/Alzheimers 1.8	Osteopathies 1.1
Psychoses/Neuroses 0.7	Perinatal Period 0.0
Central Nervous Sys. 1.8	Ill-Defined Cond. 0.0
Paralysis/CP 2.9	Fractures 6.2
Cardiovascular 4.3	Wounds, Burns 0.0
Stroke 2.9	Compl. of Surgery 0.0
Respiratory 3.3	Other Conditions 69.9

**REVENUE**

Billings	\$ 2,575,280
Disallowances	367,695
Collections	2,207,585
Other	99,315
Total	2,306,900

**EXPENSES**

Total	\$ 2,471,642
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	1.0
Licensed Practical Nurses	0.0
Home Health Aides	37.0
Physical Therapists	1.3
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.2
Personal Care Workers	2.5
Homemakers	9.8
Other Staff	7.2
TOTAL FTEs	62.1

**Visiting Nurse Association of Wisconsin**

11333 West National Avenue

Milwaukee WI 53227

Milwaukee County

(414) 327-2295

License Number: 81

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 4/14/00 = 823

Number of unduplicated patients in 1999 = 13,315

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	11,724	139,748	11.9
Home Health Aide	1,944	61,807	31.8
Physical Therapy	2,632	26,750	10.2
Spch/Occ/Resp Therapy	959	7,302	7.6
Medical Social Service	1,184	2,752	2.3
Private Duty Nursing	8	584	73.0
Personal Care/PC RN Supv.	619	36,246	58.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	154	6,148	39.9
TOTAL	XXXXXXX	281,337	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 14.5%	Medicare 52.8%
4 to 24 9.5	Medicaid 25.4
25 to 54 15.2	Other Federal 0.1
55 to 64 8.4	State Funds 0.0
65 to 74 16.4	Private Insurance 19.5
75 to 84 22.9	Self Pay 2.3
85 & over 13.1	Other 0.0
	TOTAL PATIENTS 13,317

Males 38.7% Females 61.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 1.1%
Cancer 10.1	Genitourinary Sys. 2.0
Diabetes 2.2	Preg. & Childbirth 21.4
Diseases of Blood 1.0	Arthropathies 5.2
Dementia/Alzheimers 0.0	Osteopathies 0.8
Psychoses/Neuroses 1.6	Perinatal Period 1.3
Central Nervous Sys. 1.5	Ill-Defined Cond. 6.6
Paralysis/CP 0.4	Fractures 2.7
Cardiovascular 15.1	Wounds, Burns 2.8
Stroke 1.5	Compl. of Surgery 1.1
Respiratory 5.7	Other Conditions 14.9

**COUNTIES SERVED**

Brown  
Calumet  
Dodge  
Fond du Lac  
Green Lake  
Jefferson  
Kenosha  
Kewaunee  
Manitowoc  
Milwaukee  
Ozaukee  
Racine  
Sheboygan  
Walworth  
Washington  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 13,351**PERCENT ADMISSIONS FROM:**

Private Residences	2.3%
General Hospitals	71.5
Nursing Homes	2.0
Other	24.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 13,567

**PERCENT DISCHARGES TO:**

Private Residences	78.0%
General Hospitals	13.9
Nursing Homes	2.5
Deaths	1.9
Other	3.7

**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	27.0
Registered Nurses	124.3
Licensed Practical Nurses	16.1
Home Health Aides	95.3
Physical Therapists	22.8
Occupational Therapists	2.2
Speech Pathologists	1.0
Respiratory Therapists	10.0
Medical Social Workers	11.6
Other Therapeutic Staff	7.8
Personal Care Workers	22.2
Homemakers	11.8
Other Staff	115.5
TOTAL FTEs	468.5

**REVENUE**

Billings	\$ 23,928,533
Disallowances	4,979,970
Collections	18,948,563
Other	968,773
Total	19,917,336

**EXPENSES**

Total	\$ 20,017,419
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**"Your Nurse" Home Health Care**

5818 West Bluemound Road, #100

Milwaukee WI 53213

Milwaukee County

**COUNTIES SERVED**

Milwaukee

Washington

Waukesha

(414) 774-9400

License Number: 312

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 28

Number of unduplicated patients in 1999 = 56

**TOTAL NUMBER OF ADMISSIONS** 31**PERCENT ADMISSIONS FROM:**

Private Residences 48.4%

General Hospitals 48.4

Nursing Homes 0.0

Other 3.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	24	6,411	267.1
Home Health Aide	3	437	145.7
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	25	4,221	168.8
Personal Care/PC RN Supv.	26	2,856	109.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>13,925</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 24

**PERCENT DISCHARGES TO:**

Private Residences 66.7%

General Hospitals 12.5

Nursing Homes 0.0

Deaths 8.3

Other 12.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 19.6%	Medicare 0.0%
4 to 24 30.4	Medicaid 89.7
25 to 54 28.6	Other Federal 0.0
55 to 64 7.1	State Funds 0.0
65 to 74 7.1	Private Insurance 3.4
75 to 84 3.6	Self Pay 6.9
85 & over 3.6	Other 0.0
	<b>TOTAL PATIENTS 58</b>

Males 62.5% Females 37.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 3.6%	Digestive Disorders 0.0%
Cancer 1.8	Genitourinary Sys. 1.8
Diabetes 12.5	Preg. & Childbirth 0.0
Diseases of Blood 1.8	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 3.6
Central Nervous Sys. 5.4	Ill-Defined Cond. 0.0
Paralysis/CP 1.8	Fractures 0.0
Cardiovascular 3.6	Wounds, Burns 17.9
Stroke 5.4	Compl. of Surgery 1.8
Respiratory 21.4	Other Conditions 17.9

**REVENUE**

Billings \$	1,400,885
Disallowances	373,243
Collections	1,027,642
Other	0
<b>Total</b>	<b>1,027,642</b>

**EXPENSES**

<b>Total</b>	<b>\$ 980,496</b>
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**STAFFING****FTEs**

Administrators 1.0

Reg. Nurse Supervisors 2.0

Registered Nurses 5.4

Licensed Practical Nurses 11.2

Home Health Aides 1.4

Physical Therapists 0.0

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 1.5

Homemakers 0.0

Other Staff 0.0

**TOTAL FTEs 22.5**

**Nursing Consultant & Care Management**

3878 North Morris Boulevard  
Shorewood WI 53211

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 964-8800

License Number: 225  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? No  
Title 19 (Medicaid) certified? No  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 11  
Number of unduplicated patients in 1999 = 24

**TOTAL NUMBER OF ADMISSIONS** 10

**PERCENT ADMISSIONS FROM:**

Private Residences	50.0%
General Hospitals	10.0
Nursing Homes	40.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	24	224	9.3
Home Health Aide	0	0	0.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	4	315	78.8
Personal Care/PC RN Supv.	46	5,306	115.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>5,845</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 16

**PERCENT DISCHARGES TO:**

Private Residences	31.3%
General Hospitals	0.0
Nursing Homes	31.3
Deaths	31.3
Other	6.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 4.2	Medicaid 0.0
25 to 54 0.0	Other Federal 0.0
55 to 64 4.2	State Funds 0.0
65 to 74 4.2	Private Insurance 0.0
75 to 84 29.2	Self Pay 100.0
85 & over 58.3	Other 0.0
	<b>TOTAL PATIENTS</b> 24

Males 37.5% Females 62.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 4.2%
Cancer 8.3	Genitourinary Sys. 0.0
Diabetes 4.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 12.5
Dementia/Alzheimers 8.3	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 20.8	Ill-Defined Cond. 8.3
Paralysis/CP 0.0	Fractures 4.2
Cardiovascular 4.2	Wounds, Burns 0.0
Stroke 16.7	Compl. of Surgery 0.0
Respiratory 4.2	Other Conditions 4.2

**REVENUE**

Billings \$	919,975
Disallowances	0
Collections	919,975
Other	26,488
<b>Total</b>	<b>946,463</b>

**EXPENSES**

<b>Total</b> \$	<b>893,561</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	3.0
Licensed Practical Nurses	0.6
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	29.1
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTEs</b>	<b>35.7</b>

**Anew Health Care Services, Inc.**

7425 Harwood Avenue  
Wauwatosa WI 53213

Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Ozaukee  
Waukesha

(414) 475-7788

License Number: 122  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 170  
Number of unduplicated patients in 1999 = 390

**TOTAL NUMBER OF ADMISSIONS** 178

**PERCENT ADMISSIONS FROM:**

Private Residences 80.3%  
General Hospitals 16.9  
Nursing Homes 2.2  
Other 0.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	35	598	17.1
Home Health Aide	30	6,325	210.8
Physical Therapy	17	330	19.4
Spch/Occ/Resp Therapy	4	22	5.5
Medical Social Service	0	0	0.0
Private Duty Nursing	1	270	270.0
Personal Care/PC RN Supv.	522	75,651	144.9
Other Home Health Care	133	213	1.6
Homemkr & Other Non HH	80	3,789	47.4
TOTAL	XXXXXXX	87,198	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 178

**PERCENT DISCHARGES TO:**

Private Residences 32.0%  
General Hospitals 41.0  
Nursing Homes 9.0  
Deaths 2.8  
Other 15.2

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 3.7%
4 to 24 2.8	Medicaid 67.3
25 to 54 10.5	Other Federal 0.5
55 to 64 11.8	State Funds 26.4
65 to 74 24.4	Private Insurance 0.0
75 to 84 25.6	Self Pay 2.0
85 & over 24.9	Other 0.0
	TOTAL PATIENTS 401

Males 22.6% Females 77.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.5%	Digestive Disorders 0.0%
Cancer 0.3	Genitourinary Sys. 0.8
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 37.7
Dementia/Alzheimers 1.5	Osteopathies 1.0
Psychoses/Neuroses 2.6	Perinatal Period 0.3
Central Nervous Sys. 3.3	Ill-Defined Cond. 11.0
Paralysis/CP 4.1	Fractures 1.3
Cardiovascular 11.0	Wounds, Burns 2.8
Stroke 10.8	Compl. of Surgery 0.3
Respiratory 1.8	Other Conditions 9.0

**REVENUE**

Billings	\$ 1,911,138
Disallowances	0
Collections	1,911,138
Other	143,253
Total	2,054,391

**EXPENSES**

Total	\$ 1,992,997
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	6.4
Licensed Practical Nurses	1.0
Home Health Aides	10.0
Physical Therapists	0.3
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.5
Other Therapeutic Staff	0.0
Personal Care Workers	52.9
Homemakers	8.9
Other Staff	0.6
TOTAL FTEs	82.4

**Camillus Cares Home Health**

10110 West Bluemound Road  
Wauwatosa WI 53226

Milwaukee County

**COUNTIES SERVED**

Milwaukee  
Waukesha

(414) 259-2418

License Number: 148  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 6  
Number of unduplicated patients in 1999 = 96

**TOTAL NUMBER OF ADMISSIONS** 125

**PERCENT ADMISSIONS FROM:**

Private Residences 29.6%  
General Hospitals 50.4  
Nursing Homes 16.8  
Other 3.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	92	2,149	23.4
Home Health Aide	57	6,823	119.7
Physical Therapy	31	258	8.3
Spch/Occ/Resp Therapy	15	113	7.5
Medical Social Service	0	0	0.0
Private Duty Nursing	25	539	21.6
Personal Care/PC RN Supv.	10	262	26.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>10,144</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 118

**PERCENT DISCHARGES TO:**

Private Residences 36.4%  
General Hospitals 50.0  
Nursing Homes 6.8  
Deaths 6.8  
Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 62.7%
4 to 24 0.0	Medicaid 4.2
25 to 54 8.3	Other Federal 0.0
55 to 64 2.1	State Funds 0.0
65 to 74 12.5	Private Insurance 7.6
75 to 84 38.5	Self Pay 25.4
85 & over 38.5	Other 0.0
	<b>TOTAL PATIENTS 118</b>

Males 28.1% Females 71.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 3.1%
Cancer 8.3	Genitourinary Sys. 9.4
Diabetes 4.2	Preg. & Childbirth 0.0
Diseases of Blood 3.1	Arthropathies 10.4
Dementia/Alzheimers 0.0	Osteopathies 3.1
Psychoses/Neuroses 10.4	Perinatal Period 0.0
Central Nervous Sys. 3.1	Ill-Defined Cond. 9.4
Paralysis/CP 0.0	Fractures 3.1
Cardiovascular 15.6	Wounds, Burns 2.1
Stroke 3.1	Compl. of Surgery 0.0
Respiratory 5.2	Other Conditions 6.3

**REVENUE**

Billings \$	533,862
Disallowances	71,874
Collections	461,988
Other	14,751
<b>Total</b>	<b>476,739</b>

**EXPENSES**

<b>Total \$</b>	<b>690,711</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.8
Registered Nurses	1.4
Licensed Practical Nurses	0.1
Home Health Aides	20.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.2
<b>TOTAL FTEs</b>	<b>25.5</b>

**Gentiva Health Services**

10909 West Greenfield Avenue  
West Allis WI 53214

Milwaukee County

(414) 257-1156

License Number: 237  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 87  
Number of unduplicated patients in 1999 = 1,719

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,636	9,724	5.9
Home Health Aide	210	8,320	39.6
Physical Therapy	417	2,864	6.9
Spch/Occ/Resp Therapy	143	1,037	7.3
Medical Social Service	16	16	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	412	49,046	119.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	71,007	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 22.6%	Medicare 12.2%
4 to 24 16.2	Medicaid 13.1
25 to 54 16.7	Other Federal 0.0
55 to 64 9.8	State Funds 0.0
65 to 74 11.7	Private Insurance 65.3
75 to 84 15.0	Self Pay 7.8
85 & over 8.1	Other 1.6
	TOTAL PATIENTS 2,217

Males 40.8% Females 59.2 %

PRIMARY DIAGNOSIS	
Infectious Disorders 0.6%	Digestive Disorders 1.1%
Cancer 6.5	Genitourinary Sys. 2.1
Diabetes 3.5	Preg. & Childbirth 0.8
Diseases of Blood 0.8	Arthropathies 9.1
Dementia/Alzheimers 0.5	Osteopathies 1.2
Psychoses/Neuroses 0.7	Perinatal Period 11.5
Central Nervous Sys. 0.4	Ill-Defined Cond. 5.8
Paralysis/CP 3.7	Fractures 5.8
Cardiovascular 8.3	Wounds, Burns 2.5
Stroke 2.1	Compl. of Surgery 0.6
Respiratory 17.7	Other Conditions 14.8

**COUNTIES SERVED**

Columbia  
Dane  
Dodge  
Fond du Lac  
Green  
Iowa  
Jefferson  
Juneau  
Kenosha  
Marquette  
Milwaukee  
Ozaukee  
Racine  
Rock  
Sauk  
Sheboygan  
Walworth  
Washington  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 1,599

**PERCENT ADMISSIONS FROM:**

Private Residences	84.4%
General Hospitals	8.4
Nursing Homes	0.0
Other	7.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,559

**PERCENT DISCHARGES TO:**

Private Residences	94.7%
General Hospitals	2.1
Nursing Homes	1.0
Deaths	1.4
Other	0.8

**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	2.6
Registered Nurses	17.2
Licensed Practical Nurses	3.1
Home Health Aides	4.4
Physical Therapists	0.3
Occupational Therapists	0.1
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	2.0
Homemakers	0.0
Other Staff	9.0
<b>TOTAL FTEs</b>	<b>39.0</b>

**REVENUE**

Billings	\$ 3,599,449
Disallowances	392,857
Collections	3,206,592
Other	0
<b>Total</b>	<b>3,206,592</b>

**EXPENSES**

<b>Total</b>	<b>\$ 3,270,712</b>
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**Gentiva Health Services**

10909 West Greenfield Avenue  
West Allis WI 53214

Milwaukee County

(414) 257-1156

License Number: 287  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? No  
Title 19 (Medicaid) certified? No  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 94  
Number of unduplicated patients in 1999 = 334

**COUNTIES SERVED**

Dane  
Dodge  
Green  
Jefferson  
Kenosha  
Milwaukee  
Ozaukee  
Racine  
Rock  
Walworth  
Washington  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 199

**PERCENT ADMISSIONS FROM:**

Private Residences 67.8%  
General Hospitals 5.5  
Nursing Homes 0.0  
Other 26.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	94	8,628	91.8
Home Health Aide	176	5,789	32.9
Physical Therapy	1	2	2.0
Spch/Occ/Resp Therapy	2	4	2.0
Medical Social Service	0	0	0.0
Private Duty Nursing	49	4,253	86.8
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	124	936	7.5
Homemkr & Other Non HH	11	251	22.8
TOTAL	XXXXXXX	19,863	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 193

**PERCENT DISCHARGES TO:**

Private Residences 39.9%  
General Hospitals 16.1  
Nursing Homes 4.7  
Deaths 3.1  
Other 36.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.8%	Medicare 0.0%
4 to 24 13.8	Medicaid 0.0
25 to 54 18.0	Other Federal 0.0
55 to 64 8.4	State Funds 0.0
65 to 74 8.1	Private Insurance 49.6
75 to 84 22.5	Self Pay 37.6
85 & over 24.6	Other 12.7
	TOTAL PATIENTS 425

Males 41.0% Females 59.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.3%	Digestive Disorders 0.6%
Cancer 1.8	Genitourinary Sys. 2.1
Diabetes 3.3	Preg. & Childbirth 0.0
Diseases of Blood 0.9	Arthropathies 7.5
Dementia/Alzheimers 3.3	Osteopathies 2.1
Psychoses/Neuroses 2.1	Perinatal Period 0.9
Central Nervous Sys. 5.7	Ill-Defined Cond. 9.0
Paralysis/CP 9.6	Fractures 4.5
Cardiovascular 12.6	Wounds, Burns 1.8
Stroke 6.6	Compl. of Surgery 0.3
Respiratory 4.5	Other Conditions 20.7

**REVENUE**

Billings \$	1,582,131
Disallowances	39,151
Collections	1,542,980
Other	0
Total	1,542,980

**EXPENSES**

Total \$	2,182,108
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**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	2.0
Registered Nurses	2.0
Licensed Practical Nurses	2.9
Home Health Aides	0.7
Physical Therapists	0.3
Occupational Therapists	0.1
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.0
TOTAL FTEs	12.5

**Professional Home Care Service**

8410 West Cleveland Avenue

West Allis WI 53227

Milwaukee County

**COUNTIES SERVED**

Milwaukee

(414) 541-6518

License Number: 279

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 31

Number of unduplicated patients in 1999 = 70

**TOTAL NUMBER OF ADMISSIONS** 61**PERCENT ADMISSIONS FROM:**

Private Residences 100.0%

General Hospitals 0.0

Nursing Homes 0.0

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	26	1,766	67.9
Home Health Aide	30	3,472	115.7
Physical Therapy	3	105	35.0
Spch/Occ/Resp Therapy	2	10	5.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	72	10,752	149.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	2	97	48.5
TOTAL	XXXXXXX	16,202	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 36

**PERCENT DISCHARGES TO:**

Private Residences 80.6%

General Hospitals 5.6

Nursing Homes 11.1

Deaths 2.8

Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 8.6%
4 to 24 8.6	Medicaid 76.5
25 to 54 35.7	Other Federal 0.0
55 to 64 15.7	State Funds 4.9
65 to 74 10.0	Private Insurance 1.2
75 to 84 20.0	Self Pay 8.6
85 & over 10.0	Other 0.0
	TOTAL PATIENTS 81

Males 38.6% Females 61.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 4.3%
Cancer 0.0	Genitourinary Sys. 7.1
Diabetes 7.1	Preg. & Childbirth 0.0
Diseases of Blood 1.4	Arthropathies 10.0
Dementia/Alzheimers 2.9	Osteopathies 0.0
Psychoses/Neuroses 1.4	Perinatal Period 0.0
Central Nervous Sys. 10.0	Ill-Defined Cond. 0.0
Paralysis/CP 8.6	Fractures 7.1
Cardiovascular 2.9	Wounds, Burns 14.3
Stroke 7.1	Compl. of Surgery 0.0
Respiratory 1.4	Other Conditions 14.3

**REVENUE**

Billings \$	774,324
Disallowances	348,021
Collections	426,303
Other	0
Total	426,303

**EXPENSES**

Total \$	476,631
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.5
Licensed Practical Nurses	0.0
Home Health Aides	6.1
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	8.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	19.7

**Monroe County Health Department**

14301 Co. Hwy. B, Box 18  
Sparta WI 54656

Monroe County

**COUNTIES SERVED**

Monroe

(608) 269-8666

License Number: 83  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 10  
Number of unduplicated patients in 1999 = 146

**TOTAL NUMBER OF ADMISSIONS** 105

**PERCENT ADMISSIONS FROM:**

Private Residences 10.5%  
General Hospitals 40.0  
Nursing Homes 2.9  
Other 46.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	146	3,412	23.4
Home Health Aide	36	1,272	35.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	24	868	36.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>5,552</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 95

**PERCENT DISCHARGES TO:**

Private Residences 69.5%  
General Hospitals 3.2  
Nursing Homes 17.9  
Deaths 6.3  
Other 3.2

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 40.5%
4 to 24 0.7	Medicaid 15.9
25 to 54 6.2	Other Federal 1.0
55 to 64 8.9	State Funds 11.3
65 to 74 24.7	Private Insurance 11.3
75 to 84 36.3	Self Pay 9.7
85 & over 23.3	Other 10.3
	<b>TOTAL PATIENTS 195</b>

Males 35.6% Females 64.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.1%	Digestive Disorders 0.7%
Cancer 8.2	Genitourinary Sys. 3.4
Diabetes 10.3	Preg. & Childbirth 0.0
Diseases of Blood 2.1	Arthropathies 3.4
Dementia/Alzheimers 1.4	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 3.4	Ill-Defined Cond. 2.1
Paralysis/CP 0.7	Fractures 2.7
Cardiovascular 37.0	Wounds, Burns 2.7
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 9.6	Other Conditions 10.3

**REVENUE**

Billings \$	204,164
Disallowances	82,915
Collections	121,249
Other	0
<b>Total</b>	<b>121,249</b>

**EXPENSES**

<b>Total \$</b>	<b>303,087</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.6
Licensed Practical Nurses	0.0
Home Health Aides	1.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	0.0
Other Staff	1.3
<b>TOTAL FTEs</b>	<b>7.7</b>



**Sacred Heart-St. Mary's Home Health Agency**  
 1860 North Stevens Street  
 Rhinelander WI 54501                      Oneida County  
  
 (715) 369-6471

**COUNTIES SERVED**  
 Forest  
 Lincoln  
 Oneida  
 Price  
 Vilas

License Number: 253  
 Ownership of Agency: Nonprofit Church  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 23  
 Number of unduplicated patients in 1999 = 301

**TOTAL NUMBER OF ADMISSIONS** 318

**PERCENT ADMISSIONS FROM:**

Private Residences	27.0%
General Hospitals	56.0
Nursing Homes	11.0
Other	6.0

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 332

**PERCENT DISCHARGES TO:**

Private Residences	66.9%
General Hospitals	12.0
Nursing Homes	6.0
Deaths	4.2
Other	10.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	299	4,083	13.7
Home Health Aide	105	1,569	14.9
Physical Therapy	152	1,501	9.9
Spch/Occ/Resp Therapy	41	195	4.8
Medical Social Service	47	58	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,406	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 80.7%
4 to 24 1.7	Medicaid 4.3
25 to 54 7.3	Other Federal 0.0
55 to 64 11.6	State Funds 0.0
65 to 74 20.6	Private Insurance 14.6
75 to 84 36.5	Self Pay 0.3
85 & over 22.3	Other 0.0
	TOTAL PATIENTS 301

Males 37.9%      Females 62.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.3%	Digestive Disorders 1.7%
Cancer 8.6	Genitourinary Sys. 4.0
Diabetes 3.7	Preg. & Childbirth 0.0
Diseases of Blood 2.0	Arthropathies 10.0
Dementia/Alzheimers 0.7	Osteopathies 2.7
Psychoses/Neuroses 1.0	Perinatal Period 0.0
Central Nervous Sys. 2.3	Ill-Defined Cond. 12.0
Paralysis/CP 0.0	Fractures 5.6
Cardiovascular 13.6	Wounds, Burns 3.3
Stroke 4.3	Compl. of Surgery 3.3
Respiratory 8.3	Other Conditions 12.6

**REVENUE**

Billings \$	821,626
Disallowances	103,218
Collections	718,408
Other	0
Total	718,408

**EXPENSES**

Total \$	814,604
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**STAFFING**

**FTEs**

Administrators	0.8
Reg. Nurse Supervisors	0.0
Registered Nurses	3.2
Licensed Practical Nurses	0.0
Home Health Aides	2.6
Physical Therapists	1.6
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.6
TOTAL FTEs	10.0

**Dr. Kate Newcomb Home Health Agency**

240 Maple Street, P. O. Box 770

Woodruff WI 54568

Oneida County

(715) 356-8805

**COUNTIES SERVED**

Forest  
Iron  
Lincoln  
Oneida  
Price  
Vilas

License Number: 86

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 4/14/00 = 46

Number of unduplicated patients in 1999 = 398

**TOTAL NUMBER OF ADMISSIONS** 390**PERCENT ADMISSIONS FROM:**

Private Residences 42.8%  
General Hospitals 51.0  
Nursing Homes 5.1  
Other 1.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	391	6,142	15.7
Home Health Aide	94	5,573	59.3
Physical Therapy	140	1,183	8.5
Spch/Occ/Resp Therapy	36	214	5.9
Medical Social Service	47	126	2.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	27	395	14.6
TOTAL	XXXXXXX	13,633	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 389

**PERCENT DISCHARGES TO:**

Private Residences 73.0%  
General Hospitals 4.6  
Nursing Homes 6.7  
Deaths 4.6  
Other 11.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 75.2%
4 to 24 1.8	Medicaid 8.0
25 to 54 10.6	Other Federal 1.0
55 to 64 6.0	State Funds 0.5
65 to 74 22.6	Private Insurance 9.6
75 to 84 31.9	Self Pay 5.3
85 & over 27.1	Other 0.5
	TOTAL PATIENTS 415

Males 40.5% Females 59.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.5%	Digestive Disorders 1.0%
Cancer 7.5	Genitourinary Sys. 1.8
Diabetes 2.8	Preg. & Childbirth 0.3
Diseases of Blood 1.0	Arthropathies 8.0
Dementia/Alzheimers 1.0	Osteopathies 0.5
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 3.0	Ill-Defined Cond. 10.1
Paralysis/CP 3.5	Fractures 4.5
Cardiovascular 20.6	Wounds, Burns 15.1
Stroke 3.8	Compl. of Surgery 0.8
Respiratory 8.0	Other Conditions 6.3

**REVENUE**

Billings	\$ 1,434,610
Disallowances	425,046
Collections	1,009,564
Other	1,698
Total	1,011,262

**EXPENSES**

Total	\$ 1,099,183
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	7.2
Licensed Practical Nurses	0.0
Home Health Aides	9.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.8
TOTAL FTEs	24.1

**Ozaukee County Public Health Department**

121 West Main, Box 994

Port Washington WI 53074

Ozaukee County

**COUNTIES SERVED**

Ozaukee

(262) 284-8105

License Number: 89

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 14

Number of unduplicated patients in 1999 = 65

**TOTAL NUMBER OF ADMISSIONS** 50**PERCENT ADMISSIONS FROM:**

Private Residences 26.0%

General Hospitals 24.0

Nursing Homes 14.0

Other 36.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	42	635	15.1
Home Health Aide	37	1,535	41.5
Physical Therapy	5	44	8.8
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	55	2,063	37.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>4,277</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 63

**PERCENT DISCHARGES TO:**

Private Residences 27.0%

General Hospitals 46.0

Nursing Homes 19.0

Deaths 1.6

Other 6.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 23.8%
4 to 24 0.0	Medicaid 36.3
25 to 54 12.3	Other Federal 0.0
55 to 64 6.2	State Funds 0.0
65 to 74 21.5	Private Insurance 3.8
75 to 84 24.6	Self Pay 36.3
85 & over 35.4	Other 0.0
	<b>TOTAL PATIENTS 80</b>

Males 30.8% Females 69.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 10.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 6.2
Dementia/Alzheimers 1.5	Osteopathies 1.5
Psychoses/Neuroses 1.5	Perinatal Period 0.0
Central Nervous Sys. 3.1	Ill-Defined Cond. 0.0
Paralysis/CP 3.1	Fractures 4.6
Cardiovascular 9.2	Wounds, Burns 12.3
Stroke 7.7	Compl. of Surgery 0.0
Respiratory 7.7	Other Conditions 30.8

**REVENUE**

Billings \$	304,005
Disallowances	171,569
Collections	132,436
Other	0
<b>Total</b>	<b>132,436</b>

**EXPENSES**

<b>Total \$</b>	<b>396,705</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.0
Licensed Practical Nurses	0.0
Home Health Aides	2.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.5
<b>TOTAL FTEs</b>	<b>7.8</b>

**Pepin County Nursing Service**

740 7th Avenue West, PO Box 39  
Durand WI 54736

Pepin County

**COUNTIES SERVED**

Pepin

(715) 672-5961

License Number: 90

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 29

Number of unduplicated patients in 1999 = 137

**TOTAL NUMBER OF ADMISSIONS** 126

**PERCENT ADMISSIONS FROM:**

Private Residences	34.1%
General Hospitals	31.7
Nursing Homes	10.3
Other	23.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	123	937	7.6
Home Health Aide	47	1,048	22.3
Physical Therapy	3	8	2.7
Spch/Occ/Resp Therapy	5	33	6.6
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	91	4,203	46.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	88	4,960	56.4
TOTAL	XXXXXXX	11,189	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 131

**PERCENT DISCHARGES TO:**

Private Residences	47.3%
General Hospitals	24.4
Nursing Homes	10.7
Deaths	0.0
Other	17.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 16.4%
4 to 24 2.2	Medicaid 25.7
25 to 54 8.0	Other Federal 0.0
55 to 64 12.4	State Funds 49.1
65 to 74 13.1	Private Insurance 2.6
75 to 84 31.4	Self Pay 6.3
85 & over 32.8	Other 0.0
	TOTAL PATIENTS 269

Males 28.5% Females 71.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.5%	Digestive Disorders 1.5%
Cancer 7.3	Genitourinary Sys. 2.9
Diabetes 4.4	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 17.5
Dementia/Alzheimers 2.9	Osteopathies 0.7
Psychoses/Neuroses 5.1	Perinatal Period 0.0
Central Nervous Sys. 3.6	Ill-Defined Cond. 2.2
Paralysis/CP 2.9	Fractures 2.9
Cardiovascular 25.5	Wounds, Burns 2.9
Stroke 5.1	Compl. of Surgery 0.0
Respiratory 5.8	Other Conditions 4.4

**REVENUE**

Billings \$	423,829
Disallowances	90,567
Collections	333,262
Other	0
Total	333,262

**EXPENSES**

Total \$	441,523
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.6
Registered Nurses	1.4
Licensed Practical Nurses	0.1
Home Health Aides	1.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.2
Homemakers	4.3
Other Staff	1.7
TOTAL FTEs	15.7

**Pierce County Home Care**

412 West Kinne Street, Box 238  
 Ellsworth WI 54011

Pierce County

**COUNTIES SERVED**

Pierce

(715) 273-6756

License Number: 91

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 26

Number of unduplicated patients in 1999 = 128

**TOTAL NUMBER OF ADMISSIONS** 107

**PERCENT ADMISSIONS FROM:**

Private Residences	22.4%
General Hospitals	58.9
Nursing Homes	17.8
Other	0.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	128	1,621	12.7
Home Health Aide	59	2,443	41.4
Physical Therapy	21	80	3.8
Spch/Occ/Resp Therapy	4	15	3.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	30	1,258	41.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>5,417</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 121

**PERCENT DISCHARGES TO:**

Private Residences	56.2%
General Hospitals	33.1
Nursing Homes	6.6
Deaths	1.7
Other	2.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 57.0%
4 to 24 0.8	Medicaid 12.6
25 to 54 5.5	Other Federal 3.3
55 to 64 10.9	State Funds 4.6
65 to 74 25.0	Private Insurance 11.3
75 to 84 39.8	Self Pay 11.3
85 & over 18.0	Other 0.0
	<b>TOTAL PATIENTS 151</b>

Males 35.9% Females 64.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.8%	Digestive Disorders 5.5%
Cancer 7.0	Genitourinary Sys. 2.3
Diabetes 7.0	Preg. & Childbirth 0.0
Diseases of Blood 1.6	Arthropathies 9.4
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.8	Perinatal Period 0.0
Central Nervous Sys. 0.8	Ill-Defined Cond. 6.3
Paralysis/CP 2.3	Fractures 4.7
Cardiovascular 21.9	Wounds, Burns 10.2
Stroke 3.9	Compl. of Surgery 1.6
Respiratory 10.9	Other Conditions 3.1

**REVENUE**

Billings \$	353,235
Disallowances	79,877
Collections	273,358
Other	0
<b>Total</b>	<b>273,358</b>

**EXPENSES**

<b>Total \$</b>	<b>502,060</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.7
Licensed Practical Nurses	0.5
Home Health Aides	2.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.2
Homemakers	0.0
Other Staff	2.5
<b>TOTAL FTEs</b>	<b>12.9</b>

**Spring Valley Health Care Center Home Health Services**

W500 - State Road 29

Spring Valley WI 54767

Pierce County

**COUNTIES SERVED**

Pierce

St. Croix

(715) 778-5545

License Number: 349

Ownership of Agency: City

Title 18 (Medicare) certified? No

Title 19 (Medicaid) certified? No

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 25

Number of unduplicated patients in 1999 = 87

**TOTAL NUMBER OF ADMISSIONS** 40**PERCENT ADMISSIONS FROM:**

Private Residences 85.0%

General Hospitals 2.5

Nursing Homes 12.5

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	8	234	29.3
Home Health Aide	5	221	44.2
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	44	2,623	59.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	80	3,938	49.2
TOTAL	XXXXXXX	7,016	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 36

**PERCENT DISCHARGES TO:**

Private Residences 25.0%

General Hospitals 22.2

Nursing Homes 33.3

Deaths 16.7

Other 2.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.1%	Medicare 2.8%
4 to 24 2.3	Medicaid 20.2
25 to 54 11.5	Other Federal 0.9
55 to 64 6.9	State Funds 54.1
65 to 74 21.8	Private Insurance 2.8
75 to 84 37.9	Self Pay 19.3
85 & over 18.4	Other 0.0
	TOTAL PATIENTS 109

Males 36.8% Females 63.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 3.4	Genitourinary Sys. 0.0
Diabetes 9.2	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 6.9
Dementia/Alzheimers 11.5	Osteopathies 1.1
Psychoses/Neuroses 4.6	Perinatal Period 0.0
Central Nervous Sys. 9.2	Ill-Defined Cond. 6.9
Paralysis/CP 0.0	Fractures 5.7
Cardiovascular 9.2	Wounds, Burns 3.4
Stroke 8.0	Compl. of Surgery 1.1
Respiratory 8.0	Other Conditions 11.5

**REVENUE**

Billings \$	275,283
Disallowances	0
Collections	275,283
Other	0
Total	275,283

**EXPENSES**

Total \$	268,334
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.9
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	20.9
Homemakers	5.9
Other Staff	1.1
TOTAL FTEs	32.2

**Polk County Home Care Program**

300 Polk County Plaza, Suite #10

Balsam Lake WI 54810

Polk County

**COUNTIES SERVED**

Polk

(715) 485-8500

License Number: 92

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 40

Number of unduplicated patients in 1999 = 363

**TOTAL NUMBER OF ADMISSIONS** 302**PERCENT ADMISSIONS FROM:**

Private Residences 20.5%

General Hospitals 60.3

Nursing Homes 17.5

Other 1.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	299	4,605	15.4
Home Health Aide	152	3,644	24.0
Physical Therapy	84	751	8.9
Spch/Occ/Resp Therapy	29	213	7.3
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	197	5,291	26.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>14,504</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 285

**PERCENT DISCHARGES TO:**

Private Residences 73.3%

General Hospitals 7.7

Nursing Homes 16.5

Deaths 2.1

Other 0.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 54.2%
4 to 24 1.7	Medicaid 21.5
25 to 54 7.2	Other Federal 2.6
55 to 64 5.2	State Funds 0.0
65 to 74 22.0	Private Insurance 8.4
75 to 84 32.0	Self Pay 13.1
85 & over 32.0	Other 0.2
	<b>TOTAL PATIENTS 428</b>

Males 40.8% Females 59.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.4%	Digestive Disorders 2.8%
Cancer 6.1	Genitourinary Sys. 5.8
Diabetes 3.6	Preg. & Childbirth 0.6
Diseases of Blood 1.4	Arthropathies 17.4
Dementia/Alzheimers 1.1	Osteopathies 1.4
Psychoses/Neuroses 0.3	Perinatal Period 0.0
Central Nervous Sys. 1.7	Ill-Defined Cond. 2.8
Paralysis/CP 0.0	Fractures 7.2
Cardiovascular 29.2	Wounds, Burns 1.7
Stroke 3.0	Compl. of Surgery 1.9
Respiratory 8.8	Other Conditions 2.2

**REVENUE**

Billings \$	929,574
Disallowances	169,573
Collections	760,001
Other	8,500
<b>Total</b>	<b>768,501</b>

**EXPENSES**

<b>Total</b>	<b>\$ 1,032,698</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.1
Licensed Practical Nurses	1.9
Home Health Aides	5.6
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	4.8
Homemakers	0.0
Other Staff	2.8
<b>TOTAL FTEs</b>	<b>24.2</b>

**Community Health Resources**

1133 South 4th Avenue  
Park Falls WI 54552

Price County

(715) 762-4600

**COUNTIES SERVED**

Ashland  
Bayfield  
Iron  
Price

License Number: 27

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 48

Number of unduplicated patients in 1999 = 109

**TOTAL NUMBER OF ADMISSIONS** 94

**PERCENT ADMISSIONS FROM:**

Private Residences	38.3%
General Hospitals	44.7
Nursing Homes	10.6
Other	6.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	109	4,822	44.2
Home Health Aide	54	7,438	137.7
Physical Therapy	21	105	5.0
Spch/Occ/Resp Therapy	8	116	14.5
Medical Social Service	0	0	0.0
Private Duty Nursing	3	455	151.7
Personal Care/PC RN Supv.	93	9,957	107.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	22,893	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 97

**PERCENT DISCHARGES TO:**

Private Residences	32.0%
General Hospitals	56.7
Nursing Homes	7.2
Deaths	1.0
Other	3.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 51.9%
4 to 24 8.3	Medicaid 40.6
25 to 54 11.0	Other Federal 0.0
55 to 64 13.8	State Funds 0.0
65 to 74 15.6	Private Insurance 7.5
75 to 84 26.6	Self Pay 0.0
85 & over 23.9	Other 0.0
	TOTAL PATIENTS 160

Males 33.0% Females 67.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 2.8	Genitourinary Sys. 4.6
Diabetes 4.6	Preg. & Childbirth 0.0
Diseases of Blood 2.8	Arthropathies 4.6
Dementia/Alzheimers 1.8	Osteopathies 3.7
Psychoses/Neuroses 4.6	Perinatal Period 0.0
Central Nervous Sys. 3.7	Ill-Defined Cond. 5.5
Paralysis/CP 2.8	Fractures 5.5
Cardiovascular 11.9	Wounds, Burns 12.8
Stroke 6.4	Compl. of Surgery 0.0
Respiratory 8.3	Other Conditions 13.8

**REVENUE**

Billings	\$ 1,523,598
Disallowances	659,181
Collections	864,417
Other	103,980
Total	968,397

**EXPENSES**

Total	\$ 878,709
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**STAFFING****FTEs**

Administrators	1.5
Reg. Nurse Supervisors	0.0
Registered Nurses	3.9
Licensed Practical Nurses	0.9
Home Health Aides	5.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	6.1
Homemakers	0.0
Other Staff	3.0
TOTAL FTEs	21.3



**Supportive Home Services**

P. O. Box 450, 1181 North 4th Avenue  
 Park Falls WI 54552 Price County

(715) 762-3200

License Number: 202  
 Ownership of Agency: Propriety Corp.  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 33  
 Number of unduplicated patients in 1999 = 125

**COUNTIES SERVED**

Ashland  
 Iron  
 Price  
 Rusk  
 Sawyer  
 Taylor  
 Vilas

**TOTAL NUMBER OF ADMISSIONS** 128

**PERCENT ADMISSIONS FROM:**

Private Residences 26.6%  
 General Hospitals 60.2  
 Nursing Homes 6.3  
 Other 7.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	106	2,358	22.2
Home Health Aide	64	4,250	66.4
Physical Therapy	35	331	9.5
Spch/Occ/Resp Therapy	6	48	8.0
Medical Social Service	5	33	6.6
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	48	3,301	68.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,321	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 148

**PERCENT DISCHARGES TO:**

Private Residences 43.2%  
 General Hospitals 30.4  
 Nursing Homes 7.4  
 Deaths 3.4  
 Other 15.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 63.9%
4 to 24 3.2	Medicaid 26.5
25 to 54 4.8	Other Federal 0.0
55 to 64 5.6	State Funds 0.0
65 to 74 25.6	Private Insurance 3.2
75 to 84 40.0	Self Pay 6.5
85 & over 20.0	Other 0.0
	TOTAL PATIENTS 155

Males 38.4% Females 61.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 2.4%
Cancer 2.4	Genitourinary Sys. 2.4
Diabetes 0.8	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 16.8
Dementia/Alzheimers 0.0	Osteopathies 4.0
Psychoses/Neuroses 1.6	Perinatal Period 0.0
Central Nervous Sys. 2.4	Ill-Defined Cond. 1.6
Paralysis/CP 1.6	Fractures 4.8
Cardiovascular 22.4	Wounds, Burns 3.2
Stroke 4.0	Compl. of Surgery 1.6
Respiratory 16.0	Other Conditions 12.0

**REVENUE**

Billings \$	732,202
Disallowances	169,255
Collections	562,947
Other	357
Total	563,304

**EXPENSES**

Total \$	566,696
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.1
Licensed Practical Nurses	0.0
Home Health Aides	7.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.6
TOTAL FTEs	16.1

**Flambeau Home Health & Hospice**

605 Peterson Drive

Phillips WI 54555

Price County

(715) 339-4371

**COUNTIES SERVED**

Ashland

Bayfield

Price

Sawyer

Washburn

License Number: 238  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 52  
 Number of unduplicated patients in 1999 = 291

**TOTAL NUMBER OF ADMISSIONS** 272**PERCENT ADMISSIONS FROM:**

Private Residences 47.8%  
 General Hospitals 37.9  
 Nursing Homes 2.6  
 Other 11.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	280	5,042	18.0
Home Health Aide	122	7,612	62.4
Physical Therapy	88	900	10.2
Spch/Occ/Resp Therapy	30	225	7.5
Medical Social Service	51	232	4.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	194	13,598	70.1
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	27	1,685	62.4
TOTAL	XXXXXXX	29,294	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 289

**PERCENT DISCHARGES TO:**

Private Residences 52.2%  
 General Hospitals 33.9  
 Nursing Homes 2.8  
 Deaths 4.2  
 Other 6.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 64.8%
4 to 24 1.4	Medicaid 15.4
25 to 54 8.6	Other Federal 0.9
55 to 64 7.6	State Funds 9.1
65 to 74 15.1	Private Insurance 5.3
75 to 84 37.1	Self Pay 4.4
85 & over 29.6	Other 0.0
	TOTAL PATIENTS 318

Males 36.1% Females 63.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 4.8%	Digestive Disorders 2.7%
Cancer 8.9	Genitourinary Sys. 2.7
Diabetes 4.8	Preg. & Childbirth 0.0
Diseases of Blood 1.4	Arthropathies 12.4
Dementia/Alzheimers 0.0	Osteopathies 5.5
Psychoses/Neuroses 1.0	Perinatal Period 0.0
Central Nervous Sys. 1.0	Ill-Defined Cond. 0.3
Paralysis/CP 2.4	Fractures 7.2
Cardiovascular 18.9	Wounds, Burns 5.5
Stroke 4.1	Compl. of Surgery 0.0
Respiratory 4.1	Other Conditions 12.0

**REVENUE**

Billings	\$ 1,728,048
Disallowances	608,011
Collections	1,120,037
Other	0
Total	1,120,037

**EXPENSES**

Total	\$ 1,340,532
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**STAFFING****FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	9.0
Licensed Practical Nurses	0.3
Home Health Aides	9.6
Physical Therapists	0.0
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	2.3
Other Therapeutic Staff	0.0
Personal Care Workers	9.3
Homemakers	1.6
Other Staff	5.8
TOTAL FTES	39.9

**Gentiva Health Services**

1300 South Green Bay Road, Suite 205  
Racine WI 53406                      Racine County

(262) 636-9036

**COUNTIES SERVED**

Kenosha  
Milwaukee  
Racine  
Walworth  
Waukesha

License Number: 3  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 67  
Number of unduplicated patients in 1999 = 484

**TOTAL NUMBER OF ADMISSIONS** 476

**PERCENT ADMISSIONS FROM:**

Private Residences 80.3%  
General Hospitals 5.5  
Nursing Homes 0.0  
Other 14.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	469	4,641	9.9
Home Health Aide	83	6,670	80.4
Physical Therapy	145	1,045	7.2
Spch/Occ/Resp Therapy	66	548	8.3
Medical Social Service	5	7	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	26	6,730	258.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	19,641	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 467

**PERCENT DISCHARGES TO:**

Private Residences 81.4%  
General Hospitals 5.1  
Nursing Homes 1.7  
Deaths 3.6  
Other 8.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 9.7%	Medicare 15.8%
4 to 24 7.6	Medicaid 15.8
25 to 54 28.5	Other Federal 0.0
55 to 64 15.1	State Funds 0.0
65 to 74 14.9	Private Insurance 45.9
75 to 84 13.2	Self Pay 8.4
85 & over 11.0	Other 14.0
	TOTAL PATIENTS 677

Males 46.7%      Females 53.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.5%	Digestive Disorders 1.2%
Cancer 8.7	Genitourinary Sys. 2.5
Diabetes 2.7	Preg. & Childbirth 0.4
Diseases of Blood 0.8	Arthropathies 6.6
Dementia/Alzheimers 0.4	Osteopathies 1.4
Psychoses/Neuroses 0.6	Perinatal Period 6.0
Central Nervous Sys. 4.5	Ill-Defined Cond. 6.4
Paralysis/CP 3.1	Fractures 4.1
Cardiovascular 10.7	Wounds, Burns 8.5
Stroke 0.0	Compl. of Surgery 1.0
Respiratory 6.0	Other Conditions 21.7

**REVENUE**

Billings	\$ 1,500,096
Disallowances	189,921
Collections	1,310,175
Other	0
Total	1,310,175

**EXPENSES**

Total	\$ 1,470,338
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.2
Licensed Practical Nurses	9.0
Home Health Aides	2.5
Physical Therapists	0.2
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	5.8
Homemakers	0.0
Other Staff	3.0
TOTAL FTEs	25.7

**SAI Home Health Care Inc.**

5200 Washington Ave, Suite 227

Racine WI 53406

Racine County

**COUNTIES SERVED**

Kenosha

Racine

Walworth

(262) 632-5886

License Number: 305

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 22

Number of unduplicated patients in 1999 = 193

**TOTAL NUMBER OF ADMISSIONS** 213**PERCENT ADMISSIONS FROM:**

Private Residences 49.8%

General Hospitals 47.4

Nursing Homes 2.8

Other 0.0

	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	171	2,695	15.8
Home Health Aide	93	5,264	56.6
Physical Therapy	61	707	11.6
Spch/Occ/Resp Therapy	37	287	7.8
Medical Social Service	5	10	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>8,963</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 201

**PERCENT DISCHARGES TO:**

Private Residences 68.7%

General Hospitals 24.4

Nursing Homes 2.0

Deaths 3.5

Other 1.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 58.4%
4 to 24 1.6	Medicaid 26.9
25 to 54 19.7	Other Federal 0.5
55 to 64 13.0	State Funds 1.0
65 to 74 26.9	Private Insurance 10.2
75 to 84 27.5	Self Pay 3.0
85 & over 11.4	Other 0.0
	<b>TOTAL PATIENTS</b> 197

Males 32.1% Females 67.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.5%	Digestive Disorders 0.0%
Cancer 5.7	Genitourinary Sys. 4.1
Diabetes 3.1	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 5.2
Dementia/Alzheimers 0.0	Osteopathies 0.5
Psychoses/Neuroses 2.1	Perinatal Period 0.0
Central Nervous Sys. 3.6	Ill-Defined Cond. 17.1
Paralysis/CP 2.6	Fractures 3.6
Cardiovascular 11.4	Wounds, Burns 8.3
Stroke 1.6	Compl. of Surgery 1.6
Respiratory 5.2	Other Conditions 22.8

**REVENUE**

Billings \$	488,950
Disallowances	0
Collections	488,950
Other	385
<b>Total</b>	<b>489,335</b>

**EXPENSES**

<b>Total</b> \$	<b>724,280</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.7
Licensed Practical Nurses	0.3
Home Health Aides	4.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.5
<b>TOTAL FTEs</b>	<b>13.7</b>

**The Richland Hospital Home Health Agency, Inc.**  
 431 North Park Street  
 Richland Center WI 53581      Richland County  
  
 (608) 647-6321

**COUNTIES SERVED**

Crawford  
 Grant  
 Iowa  
 Richland  
 Sauk  
 Vernon

License Number: 264  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 65  
 Number of unduplicated patients in 1999 = 261

**TOTAL NUMBER OF ADMISSIONS**      312

**PERCENT ADMISSIONS FROM:**

Private Residences	33.0%
General Hospitals	48.7
Nursing Homes	16.0
Other	2.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	259	2,314	8.9
Home Health Aide	102	2,236	21.9
Physical Therapy	123	748	6.1
Spch/Occ/Resp Therapy	26	61	2.3
Medical Social Service	14	19	1.4
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	98	4,832	49.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>10,210</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths)      313

**PERCENT DISCHARGES TO:**

Private Residences	56.2%
General Hospitals	33.5
Nursing Homes	4.5
Deaths	1.0
Other	4.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4      0.0%	Medicare      73.1%
4 to 24      1.5	Medicaid      16.9
25 to 54      8.4	Other Federal      0.0
55 to 64      8.8	State Funds      0.0
65 to 74      26.1	Private Insurance      8.6
75 to 84      37.2	Self Pay      1.3
85 & over      18.0	Other      0.0
	<b>TOTAL PATIENTS</b> 301

Males 41.0%      Females 59.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	0.4%	Digestive Disorders	1.1%
Cancer	6.9	Genitourinary Sys.	3.1
Diabetes	4.2	Preg. & Childbirth	0.4
Diseases of Blood	2.3	Arthropathies	15.3
Dementia/Alzheimers	0.8	Osteopathies	1.1
Psychoses/Neuroses	1.9	Perinatal Period	0.0
Central Nervous Sys.	5.4	Ill-Defined Cond.	8.4
Paralysis/CP	0.4	Fractures	7.3
Cardiovascular	17.2	Wounds, Burns	1.1
Stroke	0.8	Compl. of Surgery	2.3
Respiratory	10.7	Other Conditions	8.8

**REVENUE**

Billings	\$	661,052
Disallowances		211,997
Collections		449,055
Other		0
<b>Total</b>		<b>449,055</b>

**EXPENSES**

<b>Total</b>	\$	<b>716,720</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	5.1
Licensed Practical Nurses	0.6
Home Health Aides	4.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	3.1
Homemakers	0.0
Other Staff	2.8
<b>TOTAL FTEs</b>	<b>18.0</b>

**Alpha Home Health Care**

2101 Riverside Drive, Suite 1  
Beloit WI 53511

Rock County

(608) 368-1214

License Number: 245  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 37  
Number of unduplicated patients in 1999 = 131

**COUNTIES SERVED**

Dane  
Green  
Jefferson  
Racine  
Rock  
Walworth

**TOTAL NUMBER OF ADMISSIONS** 95

**PERCENT ADMISSIONS FROM:**

Private Residences	41.1%
General Hospitals	38.9
Nursing Homes	3.2
Other	16.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	78	4,086	52.4
Home Health Aide	33	2,299	69.7
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	22	2,820	128.2
Personal Care/PC RN Supv.	110	11,054	100.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	20,259	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 100

**PERCENT DISCHARGES TO:**

Private Residences	65.0%
General Hospitals	17.0
Nursing Homes	4.0
Deaths	8.0
Other	6.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.5%	Medicare 28.4%
4 to 24 18.3	Medicaid 35.2
25 to 54 26.0	Other Federal 0.6
55 to 64 8.4	State Funds 3.1
65 to 74 13.7	Private Insurance 17.3
75 to 84 15.3	Self Pay 13.0
85 & over 16.8	Other 2.5
	TOTAL PATIENTS 162

Males 48.9% Females 51.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.8%	Digestive Disorders 1.5%
Cancer 7.6	Genitourinary Sys. 1.5
Diabetes 0.8	Preg. & Childbirth 0.8
Diseases of Blood 0.8	Arthropathies 1.5
Dementia/Alzheimers 1.5	Osteopathies 5.3
Psychoses/Neuroses 1.5	Perinatal Period 0.8
Central Nervous Sys. 1.5	Ill-Defined Cond. 3.1
Paralysis/CP 9.9	Fractures 3.1
Cardiovascular 14.5	Wounds, Burns 0.0
Stroke 3.8	Compl. of Surgery 0.8
Respiratory 9.2	Other Conditions 29.8

**REVENUE**

Billings	\$ 2,555,431
Disallowances	312,632
Collections	2,242,799
Other	0
Total	2,242,799

**EXPENSES**

Total	\$ 1,860,291
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	5.8
Licensed Practical Nurses	3.2
Home Health Aides	0.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	25.0
Homemakers	0.0
Other Staff	6.0
TOTAL FTEs	41.9

**At-Home Healthcare**

1969 West Hart Road  
Beloit WI 53511

Rock County

**COUNTIES SERVED**

Green  
Rock  
Walworth

(608) 363-5885

License Number: 98

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 26

Number of unduplicated patients in 1999 = 444

**TOTAL NUMBER OF ADMISSIONS** 433

**PERCENT ADMISSIONS FROM:**

Private Residences	20.8%
General Hospitals	73.4
Nursing Homes	4.8
Other	0.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	401	5,215	13.0
Home Health Aide	78	1,495	19.2
Physical Therapy	84	566	6.7
Spch/Occ/Resp Therapy	17	306	18.0
Medical Social Service	8	12	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,594	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 415

**PERCENT DISCHARGES TO:**

Private Residences	69.2%
General Hospitals	19.5
Nursing Homes	1.9
Deaths	2.4
Other	7.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.3%	Medicare 67.3%
4 to 24 5.4	Medicaid 7.0
25 to 54 15.8	Other Federal 0.0
55 to 64 11.3	State Funds 2.3
65 to 74 23.6	Private Insurance 21.8
75 to 84 24.5	Self Pay 1.1
85 & over 17.1	Other 0.5
	TOTAL PATIENTS 444

Males 43.5% Females 56.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.4%	Digestive Disorders 8.6%
Cancer 9.7	Genitourinary Sys. 6.5
Diabetes 2.9	Preg. & Childbirth 0.2
Diseases of Blood 2.7	Arthropathies 9.5
Dementia/Alzheimers 0.2	Osteopathies 1.6
Psychoses/Neuroses 0.0	Perinatal Period 0.2
Central Nervous Sys. 4.1	Ill-Defined Cond. 1.6
Paralysis/CP 0.0	Fractures 4.7
Cardiovascular 15.5	Wounds, Burns 6.8
Stroke 4.5	Compl. of Surgery 4.3
Respiratory 7.4	Other Conditions 7.7

**REVENUE**

Billings \$	682,572
Disallowances	115,187
Collections	567,385
Other	0
Total	567,385

**EXPENSES**

Total \$	994,254
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	5.9
Licensed Practical Nurses	0.0
Home Health Aides	2.2
Physical Therapists	0.7
Occupational Therapists	0.4
Speech Pathologists	0.3
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
TOTAL FTEs	13.6

**Memorial Community Hospital Home Health Agency**  
 1011 North Main Street  
 Edgerton WI 53534                      Rock County

**COUNTIES SERVED**  
 Dane  
 Rock  
 Walworth

(608) 884-4910

License Number: 159  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 52  
 Number of unduplicated patients in 1999 = 306

**TOTAL NUMBER OF ADMISSIONS**                      354

**PERCENT ADMISSIONS FROM:**

Private Residences	28.2%
General Hospitals	46.3
Nursing Homes	8.5
Other	16.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	242	5,654	23.4
Home Health Aide	87	1,732	19.9
Physical Therapy	69	706	10.2
Spch/Occ/Resp Therapy	13	114	8.8
Medical Social Service	12	66	5.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	14	623	44.5
Other Home Health Care	24	194	8.1
Homemkr & Other Non HH	60	2,875	47.9
TOTAL	XXXXXXX	11,964	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths)                      367

**PERCENT DISCHARGES TO:**

Private Residences	67.0%
General Hospitals	22.1
Nursing Homes	5.2
Deaths	2.7
Other	3.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4              0.0%	Medicare              70.8%
4 to 24              0.3	Medicaid              3.2
25 to 54              2.0	Other Federal              0.0
55 to 64              3.3	State Funds              2.9
65 to 74              14.7	Private Insurance              2.3
75 to 84              39.9	Self Pay              20.7
85 & over              39.9	Other              0.0
	TOTAL PATIENTS              343

Males 36.3%      Females 63.7 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	2.6%	Digestive Disorders	2.9%
Cancer	3.6	Genitourinary Sys.	2.0
Diabetes	6.5	Preg. & Childbirth	0.0
Diseases of Blood	0.3	Arthropathies	3.9
Dementia/Alzheimers	0.7	Osteopathies	2.0
Psychoses/Neuroses	0.3	Perinatal Period	0.0
Central Nervous Sys.	0.0	Ill-Defined Cond.	9.5
Paralysis/CP	0.7	Fractures	9.5
Cardiovascular	16.7	Wounds, Burns	3.3
Stroke	3.9	Compl. of Surgery	0.3
Respiratory	14.4	Other Conditions	17.0

**REVENUE**

Billings	\$	815,630
Disallowances		111,815
Collections		703,815
Other		5,220
Total		709,035

**EXPENSES**

Total	\$	688,650
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**STAFFING**

**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.7
Registered Nurses	4.5
Licensed Practical Nurses	0.3
Home Health Aides	0.5
Physical Therapists	0.2
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.2
Homemakers	2.8
Other Staff	2.0
TOTAL FTEs	12.3



**Mercy Assisted Care, Inc.**

901 Mineral Point Avenue  
Janesville WI 53545

Rock County

(608) 754-2201

**COUNTIES SERVED**

Dane  
Green  
Jefferson  
Rock  
Walworth

License Number: 99  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of patients visited on 4/14/00 = 101  
Number of unduplicated patients in 1999 = 1,112

**TOTAL NUMBER OF ADMISSIONS** 1,168

**PERCENT ADMISSIONS FROM:**

Private Residences	32.6%
General Hospitals	41.8
Nursing Homes	5.1
Other	20.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,072	15,431	14.4
Home Health Aide	433	12,727	29.4
Physical Therapy	446	3,514	7.9
Spch/Occ/Resp Therapy	199	1,685	8.5
Medical Social Service	119	146	1.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	189	9,947	52.6
Other Home Health Care	66	3,485	52.8
Homemkr & Other Non HH	103	14,273	138.6
TOTAL	XXXXXXX	61,208	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,211

**PERCENT DISCHARGES TO:**

Private Residences	44.2%
General Hospitals	26.5
Nursing Homes	3.7
Deaths	1.7
Other	23.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.6%	Medicare 58.4%
4 to 24 2.3	Medicaid 11.9
25 to 54 10.9	Other Federal 0.6
55 to 64 10.2	State Funds 6.5
65 to 74 21.9	Private Insurance 10.5
75 to 84 34.2	Self Pay 8.6
85 & over 20.0	Other 3.5
	TOTAL PATIENTS 1,379

Males 36.6% Females 63.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 1.2%
Cancer 6.6	Genitourinary Sys. 3.7
Diabetes 2.7	Preg. & Childbirth 0.2
Diseases of Blood 3.5	Arthropathies 15.4
Dementia/Alzheimers 0.8	Osteopathies 1.6
Psychoses/Neuroses 2.6	Perinatal Period 0.2
Central Nervous Sys. 0.9	Ill-Defined Cond. 12.3
Paralysis/CP 1.4	Fractures 5.1
Cardiovascular 12.7	Wounds, Burns 10.0
Stroke 2.7	Compl. of Surgery 0.6
Respiratory 8.1	Other Conditions 6.8

**REVENUE**

Billings	\$ 3,705,700
Disallowances	566,585
Collections	3,139,115
Other	178,585
Total	3,317,700

**EXPENSES**

Total	\$ 5,002,498
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	10.5
Licensed Practical Nurses	0.0
Home Health Aides	15.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.8
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	0.0
Personal Care Workers	15.6
Homemakers	2.2
Other Staff	15.4
TOTAL FTEs	63.2

**Indianhead Home Health Care Agency**

209 East Third Street South, Box 10

Ladysmith WI 54848

Rusk County

(715) 532-5594

**COUNTIES SERVED**

Barron

Burnett

Polk

Rusk

St. Croix

Washburn

License Number: 295  
 Ownership of Agency: Nonprofit Private  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 27  
 Number of unduplicated patients in 1999 = 189

**TOTAL NUMBER OF ADMISSIONS** 192**PERCENT ADMISSIONS FROM:**

Private Residences 46.9%  
 General Hospitals 39.6  
 Nursing Homes 13.5  
 Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	108	1,656	15.3
Home Health Aide	41	3,269	79.7
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	190	18,927	99.6
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	23,852	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 206

**PERCENT DISCHARGES TO:**

Private Residences 46.6%  
 General Hospitals 41.7  
 Nursing Homes 6.3  
 Deaths 0.5  
 Other 4.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 25.9%
4 to 24 6.9	Medicaid 64.4
25 to 54 6.9	Other Federal 3.4
55 to 64 11.1	State Funds 0.0
65 to 74 24.3	Private Insurance 5.9
75 to 84 29.6	Self Pay 0.5
85 & over 21.2	Other 0.0
	TOTAL PATIENTS 205

Males 22.8% Females 77.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.5%	Digestive Disorders 1.1%
Cancer 1.6	Genitourinary Sys. 3.7
Diabetes 7.9	Preg. & Childbirth 0.0
Diseases of Blood 1.1	Arthropathies 6.3
Dementia/Alzheimers 4.8	Osteopathies 1.1
Psychoses/Neuroses 2.1	Perinatal Period 0.5
Central Nervous Sys. 4.2	Ill-Defined Cond. 2.6
Paralysis/CP 7.4	Fractures 3.2
Cardiovascular 17.5	Wounds, Burns 3.7
Stroke 5.3	Compl. of Surgery 0.0
Respiratory 7.9	Other Conditions 17.5

**REVENUE**

Billings \$	644,630
Disallowances	120,148
Collections	524,482
Other	0
Total	524,482

**EXPENSES**

Total \$	651,901
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**STAFFING****FTEs**

Administrators	0.1
Reg. Nurse Supervisors	1.0
Registered Nurses	2.1
Licensed Practical Nurses	0.0
Home Health Aides	1.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	1.4
Homemakers	0.0
Other Staff	0.0
TOTAL FTEs	6.3

**Rusk County Home Health Care**

311 Miner Avenue East, Suite C220

Ladysmith WI 54848

Rusk County

**COUNTIES SERVED**

Rusk

(715) 532-2299

License Number: 100

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 17

Number of unduplicated patients in 1999 = 179

**TOTAL NUMBER OF ADMISSIONS** 225**PERCENT ADMISSIONS FROM:**

Private Residences	21.8%
General Hospitals	67.1
Nursing Homes	8.0
Other	3.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	179	2,958	16.5
Home Health Aide	93	2,271	24.4
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	5,229	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 238

**PERCENT DISCHARGES TO:**

Private Residences	62.6%
General Hospitals	27.3
Nursing Homes	2.1
Deaths	5.0
Other	2.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 88.5%
4 to 24 0.0	Medicaid 4.4
25 to 54 5.6	Other Federal 1.6
55 to 64 5.6	State Funds 0.0
65 to 74 22.3	Private Insurance 4.9
75 to 84 35.2	Self Pay 0.0
85 & over 31.3	Other 0.5
	TOTAL PATIENTS 182

Males 40.8% Females 59.2 %

**PRIMARY DIAGNOSIS**

PRIMARY DIAGNOSIS		PRIMARY DIAGNOSIS	
Infectious Disorders 2.8%		Digestive Disorders 2.8%	
Cancer 9.5		Genitourinary Sys. 6.7	
Diabetes 2.2		Preg. & Childbirth 0.0	
Diseases of Blood 2.8		Arthropathies 1.1	
Dementia/Alzheimers 0.6		Osteopathies 5.0	
Psychoses/Neuroses 0.0		Perinatal Period 0.0	
Central Nervous Sys. 2.2		Ill-Defined Cond. 1.1	
Paralysis/CP 0.6		Fractures 8.4	
Cardiovascular 22.9		Wounds, Burns 24.0	
Stroke 1.1		Compl. of Surgery 0.0	
Respiratory 6.1		Other Conditions 0.0	

**REVENUE**

Billings	\$	408,817
Disallowances		81,756
Collections		327,061
Other		69,490
Total		396,551

**EXPENSES**

Total	\$	459,287
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.0
Licensed Practical Nurses	0.0
Home Health Aides	2.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTEs	11.1

**Heartland Home Health**

455 Davis Street, PO Box 487  
Hammond WI 54015

St. Croix County

(715) 796-2223

**COUNTIES SERVED**

Dunn  
Pierce  
Polk  
St. Croix

License Number: 128  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of patients visited on 4/14/00 = 21  
Number of unduplicated patients in 1999 = 283

**TOTAL NUMBER OF ADMISSIONS** 297

**PERCENT ADMISSIONS FROM:**

Private Residences	18.5%
General Hospitals	73.7
Nursing Homes	6.4
Other	1.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	283	4,242	15.0
Home Health Aide	66	1,284	19.5
Physical Therapy	97	666	6.9
Spch/Occ/Resp Therapy	36	175	4.9
Medical Social Service	1	3	3.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,370	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 285

**PERCENT DISCHARGES TO:**

Private Residences	76.8%
General Hospitals	8.8
Nursing Homes	4.9
Deaths	1.8
Other	7.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.4%	Medicare 75.3%
4 to 24 2.5	Medicaid 4.3
25 to 54 13.4	Other Federal 0.3
55 to 64 8.5	State Funds 0.0
65 to 74 17.0	Private Insurance 19.1
75 to 84 39.6	Self Pay 1.0
85 & over 18.7	Other 0.0
	TOTAL PATIENTS 299

Males 36.7% Females 63.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.1%	Digestive Disorders 1.8%
Cancer 9.9	Genitourinary Sys. 3.9
Diabetes 3.2	Preg. & Childbirth 0.4
Diseases of Blood 0.7	Arthropathies 8.1
Dementia/Alzheimers 0.0	Osteopathies 1.8
Psychoses/Neuroses 0.4	Perinatal Period 0.0
Central Nervous Sys. 1.8	Ill-Defined Cond. 4.2
Paralysis/CP 0.4	Fractures 9.5
Cardiovascular 17.3	Wounds, Burns 5.3
Stroke 2.8	Compl. of Surgery 2.1
Respiratory 10.2	Other Conditions 15.2

**REVENUE**

Billings \$	788,667
Disallowances	182,927
Collections	605,740
Other	0
Total	605,740

**EXPENSES**

Total \$	634,387
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	4.8
Licensed Practical Nurses	0.9
Home Health Aides	1.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTEs	11.9

**The Lutheran Home: River Falls Home Health Agency**

640 North Main Street

River Falls WI 54022

St. Croix County

**COUNTIES SERVED**

Buffalo

Pierce

St. Croix

(715) 425-5353

License Number: 231

Ownership of Agency: Nonprofit Church/Corp

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 0

Number of unduplicated patients in 1999 = 152

**TOTAL NUMBER OF ADMISSIONS** 113**PERCENT ADMISSIONS FROM:**

Private Residences 67.3%

General Hospitals 13.3

Nursing Homes 15.9

Other 3.5

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 164

**PERCENT DISCHARGES TO:**

Private Residences 79.3%

General Hospitals 3.7

Nursing Homes 9.1

Deaths 4.3

Other 3.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	152	1,946	12.8
Home Health Aide	62	2,437	39.3
Physical Therapy	29	155	5.3
Spch/Occ/Resp Therapy	17	47	2.8
Medical Social Service	13	19	1.5
Private Duty Nursing	4	33	8.3
Personal Care/PC RN Supv.	178	8,853	49.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,490	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 43.7%
4 to 24 3.3	Medicaid 24.1
25 to 54 9.9	Other Federal 2.3
55 to 64 7.9	State Funds 5.7
65 to 74 15.8	Private Insurance 14.9
75 to 84 30.3	Self Pay 9.2
85 & over 32.2	Other 0.0
	TOTAL PATIENTS 174

Males 40.1% Females 59.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.3%
Cancer 2.0	Genitourinary Sys. 3.9
Diabetes 7.2	Preg. & Childbirth 0.0
Diseases of Blood 2.0	Arthropathies 4.6
Dementia/Alzheimers 4.6	Osteopathies 2.0
Psychoses/Neuroses 2.6	Perinatal Period 0.0
Central Nervous Sys. 7.2	Ill-Defined Cond. 2.0
Paralysis/CP 1.3	Fractures 8.6
Cardiovascular 11.8	Wounds, Burns 6.6
Stroke 6.6	Compl. of Surgery 2.0
Respiratory 6.6	Other Conditions 17.1

**REVENUE**

Billings \$	664,006
Disallowances	161,458
Collections	502,548
Other	0
Total	502,548

**EXPENSES**

Total \$	604,301
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**STAFFING****FTEs**

Administrators	0.2
Reg. Nurse Supervisors	0.0
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.4
Homemakers	0.0
Other Staff	0.1
TOTAL FTEs	0.8

**REM Health of Wisconsin, Inc.**

1007 Washington Avenue  
Baraboo WI 53913

Sauk County

(608) 356-7570

License Number: 36

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 87

Number of unduplicated patients in 1999 = 305

**COUNTIES SERVED**

Adams  
Columbia  
Dane  
Dodge  
Juneau  
Marquette  
Sauk

**TOTAL NUMBER OF ADMISSIONS** 284

**PERCENT ADMISSIONS FROM:**

Private Residences	34.2%
General Hospitals	35.6
Nursing Homes	6.7
Other	23.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	305	4,113	13.5
Home Health Aide	102	6,379	62.5
Physical Therapy	52	470	9.0
Spch/Occ/Resp Therapy	15	145	9.7
Medical Social Service	8	13	1.6
Private Duty Nursing	15	3,852	256.8
Personal Care/PC RN Supv.	229	10,421	45.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	25,393	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 382

**PERCENT DISCHARGES TO:**

Private Residences	55.2%
General Hospitals	16.2
Nursing Homes	3.9
Deaths	2.1
Other	22.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.6%	Medicare 31.7%
4 to 24 6.9	Medicaid 52.8
25 to 54 23.0	Other Federal 0.0
55 to 64 8.2	State Funds 0.0
65 to 74 19.3	Private Insurance 13.5
75 to 84 22.3	Self Pay 2.1
85 & over 18.7	Other 0.0
	TOTAL PATIENTS 341

Males 35.4% Females 64.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.6%	Digestive Disorders 5.9%
Cancer 3.9	Genitourinary Sys. 4.6
Diabetes 3.9	Preg. & Childbirth 0.3
Diseases of Blood 2.6	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 11.5	Ill-Defined Cond. 3.9
Paralysis/CP 0.0	Fractures 13.4
Cardiovascular 15.1	Wounds, Burns 8.2
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 8.9	Other Conditions 16.1

**REVENUE**

Billings \$	2,603,371
Disallowances	804,832
Collections	1,798,539
Other	-29,849
Total	1,768,690

**EXPENSES**

Total \$	2,402,715
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**STAFFING****FTEs**

Administrators	0.8
Reg. Nurse Supervisors	5.8
Registered Nurses	11.3
Licensed Practical Nurses	3.5
Home Health Aides	7.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	8.8
Homemakers	0.0
Other Staff	10.4
TOTAL FTEs	47.5

**Sauk County Health Department**

505 Broadway  
Baraboo WI 53913

Sauk County

**COUNTIES SERVED**

Sauk

(608) 355-3290

License Number: 102  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 6  
Number of unduplicated patients in 1999 = 135

**TOTAL NUMBER OF ADMISSIONS** 149

**PERCENT ADMISSIONS FROM:**

Private Residences 0.7%  
General Hospitals 58.4  
Nursing Homes 15.4  
Other 25.5

	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
<b>SERVICES PROVIDED</b>			
Skilled Nursing	135	3,351	24.8
Home Health Aide	70	2,717	38.8
Physical Therapy	36	452	12.6
Spch/Occ/Resp Therapy	10	69	6.9
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>6,589</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 154

**PERCENT DISCHARGES TO:**

Private Residences 42.9%  
General Hospitals 42.9  
Nursing Homes 4.5  
Deaths 1.9  
Other 7.8

<b>AGE AND SEX OF PATIENTS</b>		<b>PATIENT REIMBURSEMENT SOURCE</b>	
Under 4	1.5%	Medicare	74.6%
4 to 24	0.7	Medicaid	15.5
25 to 54	11.1	Other Federal	0.0
55 to 64	8.9	State Funds	2.1
65 to 74	17.8	Private Insurance	5.6
75 to 84	33.3	Self Pay	2.1
85 & over	26.7	Other	0.0
		<b>TOTAL PATIENTS</b>	<b>142</b>

Males 34.1% Females 65.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	1.5%	Digestive Disorders	3.0%
Cancer	5.2	Genitourinary Sys.	3.0
Diabetes	3.0	Preg. & Childbirth	0.0
Diseases of Blood	2.2	Arthropathies	8.1
Dementia/Alzheimers	0.7	Osteopathies	3.7
Psychoses/Neuroses	0.7	Perinatal Period	0.0
Central Nervous Sys.	2.2	Ill-Defined Cond.	3.7
Paralysis/CP	0.7	Fractures	8.1
Cardiovascular	24.4	Wounds, Burns	9.6
Stroke	2.2	Compl. of Surgery	0.0
Respiratory	9.6	Other Conditions	8.1

**REVENUE**

Billings	\$	448,041
Disallowances		37,431
Collections		410,610
Other		36,015
<b>Total</b>		<b>446,625</b>

**EXPENSES**

<b>Total</b>	\$	<b>646,120</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.5
Licensed Practical Nurses	0.0
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.6
<b>TOTAL FTEs</b>	<b>9.5</b>

**Sawyer County Home Health**

105 East 4th Street  
Hayward WI 54843

Sawyer County

**COUNTIES SERVED**

Sawyer

(715) 634-4874

License Number: 103  
Ownership of Agency: County  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 23  
Number of unduplicated patients in 1999 = 153

**TOTAL NUMBER OF ADMISSIONS** 134

**PERCENT ADMISSIONS FROM:**

Private Residences 36.6%  
General Hospitals 53.7  
Nursing Homes 8.2  
Other 1.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	146	1,334	9.1
Home Health Aide	65	2,117	32.6
Physical Therapy	68	1,092	16.1
Spch/Occ/Resp Therapy	6	58	9.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>4,601</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 141

**PERCENT DISCHARGES TO:**

Private Residences 70.9%  
General Hospitals 8.5  
Nursing Homes 5.7  
Deaths 5.0  
Other 9.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 83.0%
4 to 24 2.0	Medicaid 9.2
25 to 54 6.5	Other Federal 2.6
55 to 64 6.5	State Funds 0.0
65 to 74 20.9	Private Insurance 4.6
75 to 84 30.7	Self Pay 0.7
85 & over 33.3	Other 0.0
	<b>TOTAL PATIENTS 153</b>

Males 42.5% Females 57.5 %

**PRIMARY DIAGNOSIS**

PRIMARY DIAGNOSIS	PERCENT
Infectious Disorders	1.3%
Cancer	5.9
Diabetes	2.0
Diseases of Blood	4.6
Dementia/Alzheimers	0.0
Psychoses/Neuroses	0.0
Central Nervous Sys.	3.9
Paralysis/CP	2.0
Cardiovascular	13.7
Stroke	5.2
Respiratory	9.8

**REVENUE**

Billings	\$ 506,830
Disallowances	63,030
Collections	443,800
Other	0
<b>Total</b>	<b>443,800</b>

**EXPENSES**

<b>Total</b>	<b>\$ 443,800</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.3
Licensed Practical Nurses	0.0
Home Health Aides	2.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.2
<b>TOTAL FTEs</b>	<b>7.7</b>



**Shawano Community Home Care**

309 North Bartlette Street  
Shawano WI 54166

Shawano County

(715) 524-2169

License Number: 104  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 27  
Number of unduplicated patients in 1999 = 282

**COUNTIES SERVED**

Brown  
Langlade  
Menominee  
Oconto  
Outagamie  
Shawano  
Waupaca

**TOTAL NUMBER OF ADMISSIONS** 275

**PERCENT ADMISSIONS FROM:**

Private Residences 22.5%  
General Hospitals 68.0  
Nursing Homes 9.1  
Other 0.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	282	2,235	7.9
Home Health Aide	86	2,422	28.2
Physical Therapy	43	271	6.3
Spch/Occ/Resp Therapy	26	104	4.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	58	2,780	47.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	7,812	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 283

**PERCENT DISCHARGES TO:**

Private Residences 70.3%  
General Hospitals 20.5  
Nursing Homes 2.5  
Deaths 2.1  
Other 4.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.7%	Medicare 69.5%
4 to 24 0.4	Medicaid 9.5
25 to 54 17.7	Other Federal 0.4
55 to 64 8.9	State Funds 0.0
65 to 74 21.3	Private Insurance 16.8
75 to 84 31.2	Self Pay 2.8
85 & over 19.9	Other 1.1
	TOTAL PATIENTS 285

Males 45.0% Females 55.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.8%	Digestive Disorders 7.4%
Cancer 10.6	Genitourinary Sys. 6.0
Diabetes 3.5	Preg. & Childbirth 0.0
Diseases of Blood 1.8	Arthropathies 6.7
Dementia/Alzheimers 0.4	Osteopathies 0.7
Psychoses/Neuroses 0.4	Perinatal Period 0.0
Central Nervous Sys. 3.2	Ill-Defined Cond. 3.5
Paralysis/CP 2.1	Fractures 7.8
Cardiovascular 19.9	Wounds, Burns 5.3
Stroke 1.4	Compl. of Surgery 0.0
Respiratory 9.6	Other Conditions 7.8

**REVENUE**

Billings \$	776,652
Disallowances	208,826
Collections	567,826
Other	0
Total	567,826

**EXPENSES**

Total \$	610,220
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**STAFFING****FTEs**

Administrators	0.5
Reg. Nurse Supervisors	0.5
Registered Nurses	4.3
Licensed Practical Nurses	0.0
Home Health Aides	5.8
Physical Therapists	0.2
Occupational Therapists	0.2
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.4
TOTAL FTEs	13.9

**Community Home Nursing**

1601 North Taylor Drive  
Sheboygan WI 53081

Sheboygan County

(920) 457-5770

**COUNTIES SERVED**

Calumet  
Manitowoc  
Ozaukee  
Sheboygan

License Number: 124  
Ownership of Agency: Nonprofit Church  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 68  
Number of unduplicated patients in 1999 = 559

**TOTAL NUMBER OF ADMISSIONS** 596

**PERCENT ADMISSIONS FROM:**

Private Residences 26.8%  
General Hospitals 66.9  
Nursing Homes 5.2  
Other 1.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	559	8,600	15.4
Home Health Aide	166	7,242	43.6
Physical Therapy	65	1,140	17.5
Spch/Occ/Resp Therapy	9	120	13.3
Medical Social Service	4	70	17.5
Private Duty Nursing	1	202	202.0
Personal Care/PC RN Supv.	84	4,783	56.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	42	1,414	33.7
TOTAL	XXXXXXX	23,571	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 596

**PERCENT DISCHARGES TO:**

Private Residences 66.6%  
General Hospitals 26.8  
Nursing Homes 2.7  
Deaths 0.8  
Other 3.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 59.0%
4 to 24 3.6	Medicaid 6.9
25 to 54 11.3	Other Federal 0.0
55 to 64 9.1	State Funds 3.9
65 to 74 19.3	Private Insurance 18.5
75 to 84 34.2	Self Pay 11.8
85 & over 21.6	Other 0.0
	TOTAL PATIENTS 953

Males 42.4% Females 57.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 1.8%
Cancer 6.6	Genitourinary Sys. 3.4
Diabetes 2.1	Preg. & Childbirth 0.0
Diseases of Blood 0.9	Arthropathies 11.8
Dementia/Alzheimers 0.0	Osteopathies 3.0
Psychoses/Neuroses 0.7	Perinatal Period 0.7
Central Nervous Sys. 1.6	Ill-Defined Cond. 9.1
Paralysis/CP 1.4	Fractures 8.8
Cardiovascular 17.4	Wounds, Burns 3.9
Stroke 3.0	Compl. of Surgery 1.6
Respiratory 6.1	Other Conditions 15.0

**REVENUE**

Billings	\$ 1,596,213
Disallowances	521,721
Collections	1,074,492
Other	70,949
Total	1,145,441

**EXPENSES**

Total	\$ 2,323,098
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	7.8
Licensed Practical Nurses	1.2
Home Health Aides	11.8
Physical Therapists	0.7
Occupational Therapists	0.3
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	1.2
Other Staff	7.0
TOTAL FTEs	31.9

**Taylor County Health Department**

224 South 2nd Street

Medford WI 54451

Taylor County

**COUNTIES SERVED**

Taylor

(715) 748-1410

License Number: 106

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 6

Number of unduplicated patients in 1999 = 144

**TOTAL NUMBER OF ADMISSIONS** 123**PERCENT ADMISSIONS FROM:**

Private Residences 43.1%

General Hospitals 51.2

Nursing Homes 5.7

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	144	2,699	18.7
Home Health Aide	61	1,848	30.3
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	24	330	13.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>4,877</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 126

**PERCENT DISCHARGES TO:**

Private Residences 76.2%

General Hospitals 1.6

Nursing Homes 14.3

Deaths 4.0

Other 4.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 80.1%
4 to 24 1.4	Medicaid 5.5
25 to 54 3.5	Other Federal 0.0
55 to 64 4.2	State Funds 0.0
65 to 74 16.0	Private Insurance 6.1
75 to 84 28.5	Self Pay 8.3
85 & over 46.5	Other 0.0
	<b>TOTAL PATIENTS</b> 181

Males 42.4% Females 57.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.1%	Digestive Disorders 4.9%
Cancer 6.9	Genitourinary Sys. 5.6
Diabetes 5.6	Preg. & Childbirth 0.0
Diseases of Blood 0.7	Arthropathies 9.0
Dementia/Alzheimers 0.0	Osteopathies 2.1
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.7	Ill-Defined Cond. 2.8
Paralysis/CP 0.0	Fractures 6.3
Cardiovascular 30.6	Wounds, Burns 1.4
Stroke 4.2	Compl. of Surgery 2.1
Respiratory 5.6	Other Conditions 9.7

**REVENUE**

Billings \$	281,514
Disallowances	52,832
Collections	228,682
Other	0
<b>Total</b>	<b>228,682</b>

**EXPENSES**

<b>Total</b> \$	<b>296,826</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	3.7
Licensed Practical Nurses	0.0
Home Health Aides	1.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	2.0
<b>TOTAL FTEs</b>	<b>7.9</b>

**Trempealeau County Health Department**

Courthouse  
Whitehall WI 54773

Trempealeau County

**COUNTIES SERVED**

Trempealeau

(715) 538-2311

License Number: 107  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 6  
 Number of unduplicated patients in 1999 = 54

**TOTAL NUMBER OF ADMISSIONS** 48

**PERCENT ADMISSIONS FROM:**

Private Residences 12.5%  
 General Hospitals 47.9  
 Nursing Homes 16.7  
 Other 22.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	54	542	10.0
Home Health Aide	7	64	9.1
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	40	801	20.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,407	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 45

**PERCENT DISCHARGES TO:**

Private Residences 55.6%  
 General Hospitals 31.1  
 Nursing Homes 11.1  
 Deaths 2.2  
 Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 27.4%
4 to 24 1.9	Medicaid 43.8
25 to 54 5.6	Other Federal 12.3
55 to 64 7.4	State Funds 0.0
65 to 74 24.1	Private Insurance 6.8
75 to 84 42.6	Self Pay 9.6
85 & over 18.5	Other 0.0
	TOTAL PATIENTS 73

Males 35.2% Females 64.8 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 3.7%
Cancer 3.7	Genitourinary Sys. 0.0
Diabetes 7.4	Preg. & Childbirth 0.0
Diseases of Blood 1.9	Arthropathies 18.5
Dementia/Alzheimers 0.0	Osteopathies 3.7
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 1.9
Cardiovascular 48.1	Wounds, Burns 0.0
Stroke 1.9	Compl. of Surgery 0.0
Respiratory 9.3	Other Conditions 0.0

**REVENUE**

Billings \$	63,704
Disallowances	25,166
Collections	38,538
Other	0
Total	38,538

**EXPENSES**

Total \$	143,705
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**STAFFING****FTEs**

Administrators	0.3
Reg. Nurse Supervisors	0.0
Registered Nurses	1.4
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.9
TOTAL FTEs	3.6

**Vernon Mem. Hosp. Home Health Care Agency**  
 507 South Main Street  
 Viroqua WI 54665                      Vernon County

**COUNTIES SERVED**  
 Crawford  
 Monroe  
 Vernon

(608) 637-4362

License Number: 271  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 7  
 Number of unduplicated patients in 1999 = 132

**TOTAL NUMBER OF ADMISSIONS**                      144

**PERCENT ADMISSIONS FROM:**

Private Residences	18.8%
General Hospitals	75.7
Nursing Homes	5.6
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	132	1,256	9.5
Home Health Aide	32	887	27.7
Physical Therapy	34	113	3.3
Spch/Occ/Resp Therapy	9	31	3.4
Medical Social Service	14	18	1.3
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,305	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths)                      143

**PERCENT DISCHARGES TO:**

Private Residences	71.3%
General Hospitals	23.8
Nursing Homes	3.5
Deaths	0.0
Other	1.4

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4              0.0%	Medicare              82.8%
4 to 24              3.0	Medicaid              3.0
25 to 54              7.6	Other Federal              0.0
55 to 64              6.1	State Funds              0.0
65 to 74              24.2	Private Insurance              10.4
75 to 84              38.6	Self Pay              2.2
85 & over              20.5	Other              1.5
	TOTAL PATIENTS              134

Males 36.4%      Females 63.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders	0.0%	Digestive Disorders	1.5%
Cancer	3.8	Genitourinary Sys.	6.1
Diabetes	7.6	Preg. & Childbirth	0.0
Diseases of Blood	1.5	Arthropathies	12.9
Dementia/Alzheimers	0.0	Osteopathies	1.5
Psychoses/Neuroses	0.0	Perinatal Period	0.0
Central Nervous Sys.	0.8	Ill-Defined Cond.	3.8
Paralysis/CP	0.8	Fractures	6.1
Cardiovascular	17.4	Wounds, Burns	9.8
Stroke	1.5	Compl. of Surgery	3.0
Respiratory	11.4	Other Conditions	10.6

**REVENUE**

Billings	\$	203,572
Disallowances		48,244
Collections		155,328
Other		0
Total		155,328

**EXPENSES**

Total	\$	197,474
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**STAFFING**

**FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.5
Registered Nurses	1.4
Licensed Practical Nurses	0.0
Home Health Aides	0.8
Physical Therapists	0.2
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.2
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
TOTAL FTEs	4.8

**Home Care Network, Inc.**

Hwy H, North, PO Box 384  
Lake Geneva WI 53147

Walworth County

**COUNTIES SERVED**

Walworth

(262) 248-0457

License Number: 125  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 12  
Number of unduplicated patients in 1999 = 91

**TOTAL NUMBER OF ADMISSIONS** 73**PERCENT ADMISSIONS FROM:**

Private Residences 37.0%  
General Hospitals 37.0  
Nursing Homes 12.3  
Other 13.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	89	2,293	25.8
Home Health Aide	19	284	14.9
Physical Therapy	45	420	9.3
Spch/Occ/Resp Therapy	11	76	6.9
Medical Social Service	11	251	22.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,324	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 81

**PERCENT DISCHARGES TO:**

Private Residences 77.8%  
General Hospitals 1.2  
Nursing Homes 7.4  
Deaths 9.9  
Other 3.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 83.2%
4 to 24 0.0	Medicaid 3.0
25 to 54 8.8	Other Federal 0.0
55 to 64 5.5	State Funds 0.0
65 to 74 23.1	Private Insurance 13.9
75 to 84 39.6	Self Pay 0.0
85 & over 23.1	Other 0.0
	TOTAL PATIENTS 101

Males 26.4% Females 73.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.1%	Digestive Disorders 2.2%
Cancer 8.8	Genitourinary Sys. 1.1
Diabetes 3.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 15.4
Dementia/Alzheimers 6.6	Osteopathies 5.5
Psychoses/Neuroses 1.1	Perinatal Period 0.0
Central Nervous Sys. 7.7	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 7.7
Cardiovascular 26.4	Wounds, Burns 0.0
Stroke 3.3	Compl. of Surgery 2.2
Respiratory 7.7	Other Conditions 0.0

**REVENUE**

Billings \$	308,046
Disallowances	13,282
Collections	294,764
Other	185
Total	294,949

**EXPENSES**

Total \$	327,119
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	1.8
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	1.1
Occupational Therapists	1.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTEs	8.4

**Hearts of Gold, Inc.**

38 West 5th Avenue, PO Box 220

Shell Lake WI 54871

Washburn County

(715) 468-2931

**COUNTIES SERVED**

Barron  
Burnett  
Polk  
Sawyer  
Washburn

License Number: 304  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 30  
Number of unduplicated patients in 1999 = 158

**TOTAL NUMBER OF ADMISSIONS** 173**PERCENT ADMISSIONS FROM:**

Private Residences 45.7%  
General Hospitals 48.0  
Nursing Homes 5.8  
Other 0.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	158	2,971	18.8
Home Health Aide	77	1,925	25.0
Physical Therapy	27	251	9.3
Spch/Occ/Resp Therapy	13	117	9.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	35	959	27.4
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	6,223	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 187

**PERCENT DISCHARGES TO:**

Private Residences 63.6%  
General Hospitals 22.5  
Nursing Homes 5.9  
Deaths 4.3  
Other 3.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.3%	Medicare 63.3%
4 to 24 1.3	Medicaid 23.5
25 to 54 11.4	Other Federal 0.6
55 to 64 8.9	State Funds 0.0
65 to 74 13.3	Private Insurance 6.6
75 to 84 40.5	Self Pay 4.8
85 & over 23.4	Other 1.2
	TOTAL PATIENTS 166

Males 36.1% Females 63.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.5%	Digestive Disorders 2.5%
Cancer 6.3	Genitourinary Sys. 2.5
Diabetes 4.4	Preg. & Childbirth 0.0
Diseases of Blood 0.6	Arthropathies 8.9
Dementia/Alzheimers 0.0	Osteopathies 1.9
Psychoses/Neuroses 0.0	Perinatal Period 1.3
Central Nervous Sys. 5.7	Ill-Defined Cond. 0.6
Paralysis/CP 0.6	Fractures 7.6
Cardiovascular 22.2	Wounds, Burns 5.1
Stroke 3.2	Compl. of Surgery 0.0
Respiratory 11.4	Other Conditions 12.7

**REVENUE**

Billings \$	801,918
Disallowances	129,159
Collections	672,759
Other	3,906
Total	676,665

**EXPENSES**

Total \$	738,025
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.3
Licensed Practical Nurses	3.0
Home Health Aides	2.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.8
TOTAL FTEs	8.5

**Indianhead Medical Center, Inc.**

113 4th Avenue  
Shell Lake WI 54871

Washburn County

(715) 468-7833

**COUNTIES SERVED**

Barron  
Burnett  
Polk  
Sawyer  
Washburn

License Number: 324  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 13  
Number of unduplicated patients in 1999 = 81

**TOTAL NUMBER OF ADMISSIONS** 77

**PERCENT ADMISSIONS FROM:**

Private Residences	40.3%
General Hospitals	53.2
Nursing Homes	6.5
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	75	1,270	16.9
Home Health Aide	47	1,176	25.0
Physical Therapy	17	231	13.6
Spch/Occ/Resp Therapy	6	53	8.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	12	496	41.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	3,226	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 69

**PERCENT DISCHARGES TO:**

Private Residences	72.5%
General Hospitals	8.7
Nursing Homes	8.7
Deaths	7.2
Other	2.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 80.2%
4 to 24 0.0	Medicaid 9.3
25 to 54 6.2	Other Federal 0.0
55 to 64 6.2	State Funds 0.0
65 to 74 17.3	Private Insurance 8.1
75 to 84 39.5	Self Pay 2.3
85 & over 30.9	Other 0.0
	TOTAL PATIENTS 86

Males 37.0% Females 63.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 3.7%	Digestive Disorders 0.0%
Cancer 8.6	Genitourinary Sys. 1.2
Diabetes 12.3	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 6.2
Dementia/Alzheimers 3.7	Osteopathies 2.5
Psychoses/Neuroses 1.2	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 3.7
Paralysis/CP 1.2	Fractures 11.1
Cardiovascular 18.5	Wounds, Burns 6.2
Stroke 1.2	Compl. of Surgery 0.0
Respiratory 9.9	Other Conditions 8.6

**REVENUE**

Billings \$	229,554
Disallowances	19,459
Collections	210,095
Other	0
Total	210,095

**EXPENSES**

Total \$	319,718
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**STAFFING****FTEs**

Administrators	0.1
Reg. Nurse Supervisors	1.0
Registered Nurses	2.4
Licensed Practical Nurses	0.0
Home Health Aides	0.8
Physical Therapists	0.2
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.5
Homemakers	0.0
Other Staff	0.6
TOTAL FTEs	5.6



**Spooner Health System Home Care**

819 Ash Street  
 Spooner WI 54801

Washburn County

**COUNTIES SERVED**

Burnett  
 Douglas  
 Washburn

(715) 635-2111

License Number: 208  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 13  
 Number of unduplicated patients in 1999 = 120

**TOTAL NUMBER OF ADMISSIONS** 147

**PERCENT ADMISSIONS FROM:**

Private Residences	23.1%
General Hospitals	71.4
Nursing Homes	4.8
Other	0.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	118	1,383	11.7
Home Health Aide	56	1,220	21.8
Physical Therapy	36	369	10.3
Spch/Occ/Resp Therapy	19	57	3.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	16	640	40.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	3	44	14.7
TOTAL	XXXXXXX	3,713	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 151

**PERCENT DISCHARGES TO:**

Private Residences	52.3%
General Hospitals	40.4
Nursing Homes	3.3
Deaths	3.3
Other	0.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.8%	Medicare 80.8%
4 to 24 1.7	Medicaid 10.8
25 to 54 4.2	Other Federal 0.0
55 to 64 7.5	State Funds 0.0
65 to 74 19.2	Private Insurance 6.2
75 to 84 40.8	Self Pay 2.3
85 & over 25.8	Other 0.0
	TOTAL PATIENTS 130

Males 35.0% Females 65.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.7%	Digestive Disorders 0.0%
Cancer 6.7	Genitourinary Sys. 2.5
Diabetes 4.2	Preg. & Childbirth 0.0
Diseases of Blood 0.8	Arthropathies 11.7
Dementia/Alzheimers 0.0	Osteopathies 3.3
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.8	Ill-Defined Cond. 6.7
Paralysis/CP 0.0	Fractures 6.7
Cardiovascular 21.7	Wounds, Burns 1.7
Stroke 5.0	Compl. of Surgery 0.8
Respiratory 14.2	Other Conditions 11.7

**REVENUE**

Billings \$	357,207
Disallowances	112,014
Collections	245,193
Other	0
Total	245,193

**EXPENSES**

Total \$	271,645
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.6
Licensed Practical Nurses	0.0
Home Health Aides	1.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.6
TOTAL FTEs	6.3

**Washburn County Health Department**

222 Oak Street  
 Spooner WI 54801

Washburn County

**COUNTIES SERVED**

Washburn

(715) 635-4400

License Number: 111  
 Ownership of Agency: County  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 15  
 Number of unduplicated patients in 1999 = 117

**TOTAL NUMBER OF ADMISSIONS** 146

**PERCENT ADMISSIONS FROM:**

Private Residences 96.6%  
 General Hospitals 0.0  
 Nursing Homes 0.0  
 Other 3.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	116	1,459	12.6
Home Health Aide	92	846	9.2
Physical Therapy	39	412	10.6
Spch/Occ/Resp Therapy	10	17	1.7
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	20	354	17.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>3,088</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 146

**PERCENT DISCHARGES TO:**

Private Residences 52.7%  
 General Hospitals 31.5  
 Nursing Homes 3.4  
 Deaths 2.1  
 Other 10.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 53.7%
4 to 24 0.0	Medicaid 23.1
25 to 54 11.1	Other Federal 7.5
55 to 64 17.1	State Funds 0.0
65 to 74 15.4	Private Insurance 9.0
75 to 84 31.6	Self Pay 6.7
85 & over 24.8	Other 0.0
	<b>TOTAL PATIENTS 134</b>

Males 41.9% Females 58.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 2.6%
Cancer 12.0	Genitourinary Sys. 4.3
Diabetes 3.4	Preg. & Childbirth 0.0
Diseases of Blood 2.6	Arthropathies 9.4
Dementia/Alzheimers 1.7	Osteopathies 2.6
Psychoses/Neuroses 0.9	Perinatal Period 0.0
Central Nervous Sys. 1.7	Ill-Defined Cond. 3.4
Paralysis/CP 0.9	Fractures 10.3
Cardiovascular 7.7	Wounds, Burns 1.7
Stroke 3.4	Compl. of Surgery 1.7
Respiratory 13.7	Other Conditions 16.2

**REVENUE**

Billings \$	281,942
Disallowances	83,858
Collections	198,084
Other	72,850
<b>Total</b>	<b>270,934</b>

**EXPENSES**

<b>Total \$</b>	<b>364,602</b>
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**STAFFING****FTEs**

Administrators	1.6
Reg. Nurse Supervisors	0.0
Registered Nurses	2.0
Licensed Practical Nurses	1.0
Home Health Aides	1.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.1
Homemakers	0.0
Other Staff	1.0
<b>TOTAL FTEs</b>	<b>7.6</b>

**Home Health Plus**

13255 West Bluemound Road, Suite 101  
 Brookfield WI 53005 Waukesha County

(262) 641-6620

License Number: 280  
 Ownership of Agency: Propriety Corp.  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 172  
 Number of unduplicated patients in 1999 = 491

**COUNTIES SERVED**

Jefferson  
 Kenosha  
 Milwaukee  
 Ozaukee  
 Racine  
 Walworth  
 Washington  
 Waukesha

**TOTAL NUMBER OF ADMISSIONS** 556

**PERCENT ADMISSIONS FROM:**

Private Residences 9.9%  
 General Hospitals 0.2  
 Nursing Homes 5.0  
 Other 84.9

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	324	3,669	11.3
Home Health Aide	123	3,813	31.0
Physical Therapy	105	737	7.0
Spch/Occ/Resp Therapy	40	297	7.4
Medical Social Service	30	78	2.6
Private Duty Nursing	88	3,295	37.4
Personal Care/PC RN Supv.	256	5,426	21.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	34	369	10.9
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>17,684</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 226

**PERCENT DISCHARGES TO:**

Private Residences 72.1%  
 General Hospitals 10.6  
 Nursing Homes 8.4  
 Deaths 3.5  
 Other 5.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 51.8%
4 to 24 8.1	Medicaid 16.2
25 to 54 11.4	Other Federal 0.0
55 to 64 8.6	State Funds 0.0
65 to 74 16.7	Private Insurance 10.3
75 to 84 30.8	Self Pay 10.6
85 & over 24.4	Other 11.2
	<b>TOTAL PATIENTS 556</b>

Males 37.3% Females 62.7 %

**PRIMARY DIAGNOSIS**

PRIMARY DIAGNOSIS	PERCENT
Infectious Disorders	0.2%
Cancer	2.2
Diabetes	5.7
Diseases of Blood	2.0
Dementia/Alzheimers	5.5
Psychoses/Neuroses	1.2
Central Nervous Sys.	7.5
Paralysis/CP	4.3
Cardiovascular	13.4
Stroke	3.1
Respiratory	3.9

PRIMARY DIAGNOSIS	PERCENT
Digestive Disorders	2.6%
Genitourinary Sys.	3.7
Preg. & Childbirth	0.6
Arthropathies	12.2
Osteopathies	0.8
Perinatal Period	1.0
Ill-Defined Cond.	8.8
Fractures	6.5
Wounds, Burns	3.1
Compl. of Surgery	0.6
Other Conditions	11.0

**REVENUE**

Billings	\$ 1,439,465
Disallowances	683,141
Collections	756,324
Other	0
<b>Total</b>	<b>756,324</b>

**EXPENSES**

<b>Total</b>	<b>\$ 747,305</b>
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**STAFFING****FTEs**

Administrators	3.0
Reg. Nurse Supervisors	4.0
Registered Nurses	19.3
Licensed Practical Nurses	4.6
Home Health Aides	25.8
Physical Therapists	3.1
Occupational Therapists	1.3
Speech Pathologists	0.2
Respiratory Therapists	0.0
Medical Social Workers	0.7
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	1.2
Other Staff	10.7
<b>TOTAL FTEs</b>	<b>73.8</b>

**Prohealth Home Care**

1020 James Drive  
Hartland WI 53029

Waukesha County

(414) 928-7444

License Number: 170  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 212  
Number of unduplicated patients in 1999 = 1,923

**COUNTIES SERVED**

Dodge  
Jefferson  
Kenosha  
Milwaukee  
Racine  
Rock  
Walworth  
Washington  
Waukesha

**TOTAL NUMBER OF ADMISSIONS** 2,069

**PERCENT ADMISSIONS FROM:**

Private Residences 18.3%  
General Hospitals 72.2  
Nursing Homes 2.3  
Other 7.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,908	16,336	8.6
Home Health Aide	288	6,551	22.7
Physical Therapy	475	2,593	5.5
Spch/Occ/Resp Therapy	148	1,226	8.3
Medical Social Service	87	95	1.1
Private Duty Nursing	1	389	389.0
Personal Care/PC RN Supv.	459	9,429	20.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	128	1,967	15.4
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>38,586</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,868

**PERCENT DISCHARGES TO:**

Private Residences 81.9%  
General Hospitals 7.0  
Nursing Homes 3.3  
Deaths 1.1  
Other 6.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.1%	Medicare 50.0%
4 to 24 4.1	Medicaid 4.6
25 to 54 20.8	Other Federal 0.0
55 to 64 6.1	State Funds 1.6
65 to 74 15.2	Private Insurance 33.9
75 to 84 27.4	Self Pay 9.9
85 & over 23.3	Other 0.0
	<b>TOTAL PATIENTS</b> 2,059

Males 31.7% Females 68.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 3.8%
Cancer 9.5	Genitourinary Sys. 4.4
Diabetes 3.2	Preg. & Childbirth 13.7
Diseases of Blood 1.7	Arthropathies 6.7
Dementia/Alzheimers 0.6	Osteopathies 1.8
Psychoses/Neuroses 0.8	Perinatal Period 2.7
Central Nervous Sys. 3.1	Ill-Defined Cond. 6.5
Paralysis/CP 2.0	Fractures 5.3
Cardiovascular 14.8	Wounds, Burns 4.1
Stroke 3.0	Compl. of Surgery 0.7
Respiratory 6.1	Other Conditions 4.6

**REVENUE**

Billings \$	2,782,659
Disallowances	415,653
Collections	2,367,006
Other	975
<b>Total</b>	<b>2,367,981</b>

**EXPENSES**

<b>Total</b>	<b>\$ 4,023,638</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	3.0
Registered Nurses	28.5
Licensed Practical Nurses	1.6
Home Health Aides	14.8
Physical Therapists	3.0
Occupational Therapists	1.2
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	1.6
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	3.0
Other Staff	10.6
<b>TOTAL FTEs</b>	<b>68.5</b>

**Hannah Home Health Care, Inc.**

920 Greenwald Court, Suite 300

Mukwonago WI 53149

Waukesha County

(262) 363-2500

**COUNTIES SERVED**

Milwaukee

Racine

Walworth

Waukesha

License Number: 240

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 38

Number of unduplicated patients in 1999 = 112

**TOTAL NUMBER OF ADMISSIONS** 58**PERCENT ADMISSIONS FROM:**

Private Residences 46.6%

General Hospitals 43.1

Nursing Homes 8.6

Other 1.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	112	2,357	21.0
Home Health Aide	80	10,381	129.8
Physical Therapy	24	196	8.2
Spch/Occ/Resp Therapy	6	16	2.7
Medical Social Service	0	0	0.0
Private Duty Nursing	1	75	75.0
Personal Care/PC RN Supv.	16	580	36.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	13,605	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 62

**PERCENT DISCHARGES TO:**

Private Residences 56.5%

General Hospitals 6.5

Nursing Homes 14.5

Deaths 9.7

Other 12.9

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.9%	Medicare 37.7%
4 to 24 12.5	Medicaid 39.2
25 to 54 19.6	Other Federal 6.2
55 to 64 11.6	State Funds 3.1
65 to 74 8.9	Private Insurance 6.2
75 to 84 35.7	Self Pay 7.7
85 & over 10.7	Other 0.0
	TOTAL PATIENTS 130

Males 43.8% Females 56.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 0.0%
Cancer 1.8	Genitourinary Sys. 3.6
Diabetes 2.7	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 3.6
Dementia/Alzheimers 3.6	Osteopathies 4.5
Psychoses/Neuroses 2.7	Perinatal Period 0.0
Central Nervous Sys. 8.0	Ill-Defined Cond. 12.5
Paralysis/CP 8.9	Fractures 7.1
Cardiovascular 8.9	Wounds, Burns 4.5
Stroke 1.8	Compl. of Surgery 2.7
Respiratory 3.6	Other Conditions 18.8

**REVENUE**

Billings \$	772,638
Disallowances	162,476
Collections	610,162
Other	1,444
Total	611,606

**EXPENSES**

Total \$	612,400
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.4
Licensed Practical Nurses	0.0
Home Health Aides	9.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.1
TOTAL FTEs	16.8

**Coram Alternate Site Service, Inc.**

17012 West Victor Road

New Berlin WI 53151

Waukesha County

(262) 785-9318

License Number: 247

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 0

Number of unduplicated patients in 1999 = 240

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	240	2,017	8.4
Home Health Aide	0	0	0.0
Physical Therapy	2	7	3.5
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,024	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.8%	Medicare 12.5%
4 to 24 19.6	Medicaid 7.5
25 to 54 49.6	Other Federal 1.3
55 to 64 10.8	State Funds 0.0
65 to 74 9.2	Private Insurance 75.8
75 to 84 7.1	Self Pay 2.1
85 & over 0.0	Other 0.8
	TOTAL PATIENTS 240

Males 45.0% Females 55.0 %

PRIMARY DIAGNOSIS	
Infectious Disorders 8.3%	Digestive Disorders 1.7%
Cancer 25.0	Genitourinary Sys. 0.4
Diabetes 0.4	Preg. & Childbirth 1.7
Diseases of Blood 3.3	Arthropathies 4.2
Dementia/Alzheimers 0.0	Osteopathies 5.8
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 7.1	Ill-Defined Cond. 1.3
Paralysis/CP 0.0	Fractures 1.7
Cardiovascular 3.8	Wounds, Burns 0.8
Stroke 0.0	Compl. of Surgery 5.8
Respiratory 3.3	Other Conditions 25.4

**COUNTIES SERVED**

Brown

Dane

Dodge

Door

Fond du Lac

Jefferson

Kenosha

LaFayette

Manitowoc

Milwaukee

Ozaukee

Racine

Rock

Sheboygan

Walworth

Washington

Waukesha

Winnebago

**TOTAL NUMBER OF ADMISSIONS** 216**PERCENT ADMISSIONS FROM:**

Private Residences	55.1%
General Hospitals	40.3
Nursing Homes	0.9
Other	3.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 187

**PERCENT DISCHARGES TO:**

Private Residences	82.9%
General Hospitals	5.9
Nursing Homes	0.0
Deaths	1.6
Other	9.6

**STAFFING FTES**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	3.7
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTES</b>	<b>5.7</b>

**REVENUE**

Billings \$	455,400
Disallowances	250,620
Collections	204,780
Other	0
<b>Total</b>	<b>204,780</b>

**EXPENSES**

<b>Total \$</b>	<b>430,165</b>
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**Sunrise Home Health Care, Inc.**

15730 West National Avenue  
New Berlin WI 53151

Waukesha County

**COUNTIES SERVED**

Milwaukee  
Racine

(262) 789-0730

License Number: 274  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 5  
Number of unduplicated patients in 1999 = 140

**TOTAL NUMBER OF ADMISSIONS** 159

**PERCENT ADMISSIONS FROM:**

Private Residences	34.0%
General Hospitals	54.1
Nursing Homes	4.4
Other	7.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	110	7,187	65.3
Home Health Aide	31	1,808	58.3
Physical Therapy	37	474	12.8
Spch/Occ/Resp Therapy	1	12	12.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	44	5,138	116.8
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	4	563	140.8
TOTAL	XXXXXXX	15,182	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 148

**PERCENT DISCHARGES TO:**

Private Residences	70.9%
General Hospitals	24.3
Nursing Homes	1.4
Deaths	1.4
Other	2.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 67.3%
4 to 24 3.6	Medicaid 18.4
25 to 54 7.1	Other Federal 0.7
55 to 64 12.1	State Funds 2.7
65 to 74 32.9	Private Insurance 10.2
75 to 84 27.1	Self Pay 0.7
85 & over 17.1	Other 0.0
	TOTAL PATIENTS 147

Males 32.9% Females 67.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 2.1%	Digestive Disorders 5.7%
Cancer 2.9	Genitourinary Sys. 1.4
Diabetes 6.4	Preg. & Childbirth 0.0
Diseases of Blood 2.9	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.7
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.7	Ill-Defined Cond. 0.0
Paralysis/CP 0.7	Fractures 2.1
Cardiovascular 15.0	Wounds, Burns 20.7
Stroke 2.1	Compl. of Surgery 0.0
Respiratory 12.1	Other Conditions 24.3

**REVENUE**

Billings	\$ 1,072,729
Disallowances	481,256
Collections	591,473
Other	23
Total	591,496

**EXPENSES**

Total	\$ 729,506
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**STAFFING****FTEs**

Administrators	1.7
Reg. Nurse Supervisors	0.0
Registered Nurses	1.4
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.6
Homemakers	0.2
Other Staff	0.6
TOTAL FTEs	4.5

**Lutheran Social Service Home Care**

N555A W226 Eastmound Drive

Waukesha WI 53186

Waukesha County

**COUNTIES SERVED**

Milwaukee

Walworth

Waukesha

(262) 896-3444

License Number: 220

Ownership of Agency: Nonprofit Church/Corp

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 130

Number of unduplicated patients in 1999 = 177

**TOTAL NUMBER OF ADMISSIONS** 58**PERCENT ADMISSIONS FROM:**

Private Residences 43.1%

General Hospitals 32.8

Nursing Homes 15.5

Other 8.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	133	4,861	36.5
Home Health Aide	44	9,440	214.5
Physical Therapy	2	34	17.0
Spch/Occ/Resp Therapy	2	30	15.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	242	74,025	305.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>88,390</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 26

**PERCENT DISCHARGES TO:**

Private Residences 53.8%

General Hospitals 19.2

Nursing Homes 15.4

Deaths 7.7

Other 3.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 6.3%
4 to 24 11.3	Medicaid 88.4
25 to 54 60.5	Other Federal 0.0
55 to 64 10.2	State Funds 0.5
65 to 74 2.3	Private Insurance 3.7
75 to 84 7.3	Self Pay 1.1
85 & over 8.5	Other 0.0
	<b>TOTAL PATIENTS 189</b>

Males 45.2% Females 54.8 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.6%	Digestive Disorders 0.0%
Cancer 1.7	Genitourinary Sys. 0.0
Diabetes 5.1	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 3.4
Dementia/Alzheimers 0.6	Osteopathies 0.6
Psychoses/Neuroses 10.2	Perinatal Period 0.0
Central Nervous Sys. 6.2	Ill-Defined Cond. 0.0
Paralysis/CP 13.0	Fractures 1.1
Cardiovascular 4.5	Wounds, Burns 2.3
Stroke 4.0	Compl. of Surgery 0.0
Respiratory 1.1	Other Conditions 45.8

**REVENUE**

Billings \$	2,003,743
Disallowances	55,146
Collections	1,948,597
Other	355
<b>Total</b>	<b>1,948,952</b>

**EXPENSES**

<b>Total \$</b>	<b>1,972,425</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	8.0
Licensed Practical Nurses	0.3
Home Health Aides	8.1
Physical Therapists	0.1
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	51.3
Homemakers	0.0
Other Staff	6.0
<b>TOTAL FTEs</b>	<b>75.8</b>



**St. Joseph Home Care**

101 East Beckert Road, #011  
New London WI 54961

Waupaca County

**COUNTIES SERVED**

Waupaca

(920) 982-5354

License Number: 300  
Ownership of Agency: Nonprofit Church/Corp  
Title 18 (Medicare) certified? No  
Title 19 (Medicaid) certified? No  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 1  
Number of unduplicated patients in 1999 = 2

**TOTAL NUMBER OF ADMISSIONS** 0

**PERCENT ADMISSIONS FROM:**

Private Residences 0.0%  
General Hospitals 0.0  
Nursing Homes 0.0  
Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	2	20	10.0
Home Health Aide	2	1,157	578.5
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	XXXXXXX	1,177	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1

**PERCENT DISCHARGES TO:**

Private Residences 0.0%  
General Hospitals 0.0  
Nursing Homes 100.0  
Deaths 0.0  
Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 0.0	Medicaid 0.0
25 to 54 0.0	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 0.0	Private Insurance 0.0
75 to 84 50.0	Self Pay 100.0
85 & over 50.0	Other 0.0
	<b>TOTAL PATIENTS</b> 2

Males 50.0% Females 50.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 50.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 50.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 0.0

**REVENUE**

Billings \$	39,162
Disallowances	0
Collections	39,162
Other	61,565
<b>Total</b>	<b>100,727</b>

**EXPENSES**

<b>Total \$</b>	<b>88,507</b>
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**STAFFING****FTEs**

Administrators	0.6
Reg. Nurse Supervisors	0.0
Registered Nurses	0.0
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.4
<b>TOTAL FTEs</b>	<b>1.0</b>

**REM Health of Wisconsin, Inc.**

112 South Main Street

Waupaca WI 54981

Waupaca County

(608) 356-7570

**COUNTIES SERVED**

Brown

Outagamie

Shawano

Waupaca

Waushara

License Number: 24

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 15

Number of unduplicated patients in 1999 = 65

**TOTAL NUMBER OF ADMISSIONS** 40**PERCENT ADMISSIONS FROM:**

Private Residences 30.0%

General Hospitals 42.5

Nursing Homes 10.0

Other 17.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	60	334	5.6
Home Health Aide	29	6,938	239.2
Physical Therapy	9	87	9.7
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	3	1,223	407.7
Personal Care/PC RN Supv.	23	1,501	65.3
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	10,083	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 47

**PERCENT DISCHARGES TO:**

Private Residences 55.3%

General Hospitals 10.6

Nursing Homes 4.3

Deaths 2.1

Other 27.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.2%	Medicare 21.7%
4 to 24 20.0	Medicaid 49.3
25 to 54 21.5	Other Federal 0.0
55 to 64 7.7	State Funds 0.0
65 to 74 9.2	Private Insurance 21.7
75 to 84 27.7	Self Pay 7.2
85 & over 7.7	Other 0.0
	TOTAL PATIENTS 69

Males 43.1% Females 56.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.5%
Cancer 3.1	Genitourinary Sys. 6.2
Diabetes 1.5	Preg. & Childbirth 0.0
Diseases of Blood 3.1	Arthropathies 4.6
Dementia/Alzheimers 3.1	Osteopathies 1.5
Psychoses/Neuroses 0.0	Perinatal Period 4.6
Central Nervous Sys. 7.7	Ill-Defined Cond. 1.5
Paralysis/CP 23.1	Fractures 4.6
Cardiovascular 9.2	Wounds, Burns 3.1
Stroke 6.2	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 15.4

**REVENUE**

Billings \$	885,933
Disallowances	331,515
Collections	554,418
Other	227
Total	554,645

**EXPENSES**

Total \$	738,391
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**STAFFING****FTEs**

Administrators	0.3
Reg. Nurse Supervisors	1.0
Registered Nurses	1.5
Licensed Practical Nurses	2.3
Home Health Aides	2.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.3
Homemakers	0.0
Other Staff	2.3
TOTAL FTEs	9.5

**Waupaca County Dept./Human Services**

811 Harding Street

Waupaca WI 54981

Waupaca County

**COUNTIES SERVED**

Waupaca

(715) 258-6323

License Number: 114

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 9

Number of unduplicated patients in 1999 = 117

**TOTAL NUMBER OF ADMISSIONS** 102**PERCENT ADMISSIONS FROM:**

Private Residences 38.2%

General Hospitals 51.0

Nursing Homes 10.8

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	94	964	10.3
Home Health Aide	55	1,769	32.2
Physical Therapy	19	129	6.8
Spch/Occ/Resp Therapy	5	13	2.6
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,875	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 110

**PERCENT DISCHARGES TO:**

Private Residences 60.0%

General Hospitals 12.7

Nursing Homes 9.1

Deaths 10.9

Other 7.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 38.6%
4 to 24 2.6	Medicaid 4.6
25 to 54 10.3	Other Federal 14.4
55 to 64 7.7	State Funds 2.0
65 to 74 23.1	Private Insurance 10.5
75 to 84 29.9	Self Pay 30.1
85 & over 26.5	Other 0.0
	TOTAL PATIENTS 153

Males 46.2% Females 53.8 %

**PRIMARY DIAGNOSIS**

PRIMARY DIAGNOSIS	PERCENT	PRIMARY DIAGNOSIS	PERCENT
Infectious Disorders	0.0%	Digestive Disorders	0.9%
Cancer	7.7	Genitourinary Sys.	2.6
Diabetes	6.8	Preg. & Childbirth	0.0
Diseases of Blood	0.9	Arthropathies	13.7
Dementia/Alzheimers	1.7	Osteopathies	2.6
Psychoses/Neuroses	2.6	Perinatal Period	0.0
Central Nervous Sys.	2.6	Ill-Defined Cond.	6.0
Paralysis/CP	0.9	Fractures	4.3
Cardiovascular	12.8	Wounds, Burns	6.0
Stroke	4.3	Compl. of Surgery	0.9
Respiratory	7.7	Other Conditions	15.4

**REVENUE**

Billings	\$	197,494
Disallowances		68,062
Collections		129,432
Other		0
Total		129,432

**EXPENSES**

Total	\$	288,727
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**STAFFING****FTEs**

Administrators	0.1
Reg. Nurse Supervisors	0.1
Registered Nurses	1.8
Licensed Practical Nurses	0.0
Home Health Aides	0.9
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.0
TOTAL FTEs	3.8

**Preferred Home Health Care, Inc.**

1476 Kenwood Drive  
Menasha WI 54952

Winnebago County

**COUNTIES SERVED**

Calumet  
Outagamie  
Winnebago

(920) 725-1116

License Number: 157  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 68  
Number of unduplicated patients in 1999 = 206

**TOTAL NUMBER OF ADMISSIONS** 96

**PERCENT ADMISSIONS FROM:**

Private Residences	83.3%
General Hospitals	10.4
Nursing Homes	5.2
Other	1.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	185	2,192	11.8
Home Health Aide	114	14,270	125.2
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	6	848	141.3
Personal Care/PC RN Supv.	183	16,456	89.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	59	1,907	32.3
TOTAL	XXXXXXX	35,673	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 62

**PERCENT DISCHARGES TO:**

Private Residences	43.5%
General Hospitals	8.1
Nursing Homes	16.1
Deaths	25.8
Other	6.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.5%	Medicare 9.8%
4 to 24 6.8	Medicaid 47.5
25 to 54 21.8	Other Federal 0.4
55 to 64 16.5	State Funds 20.7
65 to 74 15.0	Private Insurance 5.8
75 to 84 20.4	Self Pay 15.9
85 & over 18.9	Other 0.0
	TOTAL PATIENTS 276

Males 35.0% Females 65.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.5%	Digestive Disorders 0.0%
Cancer 3.9	Genitourinary Sys. 0.0
Diabetes 3.9	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 12.1
Dementia/Alzheimers 5.3	Osteopathies 4.9
Psychoses/Neuroses 1.5	Perinatal Period 0.0
Central Nervous Sys. 9.2	Ill-Defined Cond. 1.5
Paralysis/CP 15.5	Fractures 3.4
Cardiovascular 8.3	Wounds, Burns 2.9
Stroke 10.7	Compl. of Surgery 2.4
Respiratory 8.7	Other Conditions 4.4

**REVENUE**

Billings	\$ 1,611,265
Disallowances	325,894
Collections	1,285,371
Other	9,218
Total	1,294,589

**EXPENSES**

Total	\$ 1,271,382
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	3.5
Registered Nurses	7.6
Licensed Practical Nurses	1.2
Home Health Aides	29.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	8.0
Other Staff	4.0
TOTAL FTEs	54.7

**Thedacare At Home**

201 East Bell Street  
Neenah WI 54957

Winnebago County

(920) 969-0919

License Number: 88  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of patients visited on 4/14/00 = 60  
Number of unduplicated patients in 1999 = 1,110

**COUNTIES SERVED**

Brown  
Calumet  
Fond du Lac  
Oconto  
Outagamie  
Waupaca  
Waushara  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 1,137

**PERCENT ADMISSIONS FROM:**

Private Residences 3.8%  
General Hospitals 63.0  
Nursing Homes 4.4  
Other 28.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,110	12,914	11.6
Home Health Aide	288	8,481	29.4
Physical Therapy	239	1,242	5.2
Spch/Occ/Resp Therapy	80	399	5.0
Medical Social Service	58	74	1.3
Private Duty Nursing	2	1,059	529.5
Personal Care/PC RN Supv.	62	3,143	50.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	1	47	47.0
TOTAL	XXXXXXX	27,359	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,111

**PERCENT DISCHARGES TO:**

Private Residences 81.0%  
General Hospitals 9.2  
Nursing Homes 3.0  
Deaths 2.6  
Other 4.2

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 7.4%	Medicare 70.9%
4 to 24 2.1	Medicaid 6.0
25 to 54 11.3	Other Federal 0.0
55 to 64 8.6	State Funds 0.2
65 to 74 18.0	Private Insurance 21.6
75 to 84 33.1	Self Pay 1.3
85 & over 19.6	Other 0.0
	TOTAL PATIENTS 1,279

Males 42.9% Females 57.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.7%	Digestive Disorders 1.0%
Cancer 11.4	Genitourinary Sys. 4.4
Diabetes 3.0	Preg. & Childbirth 0.9
Diseases of Blood 1.3	Arthropathies 5.9
Dementia/Alzheimers 0.7	Osteopathies 0.8
Psychoses/Neuroses 0.4	Perinatal Period 6.0
Central Nervous Sys. 0.9	Ill-Defined Cond. 5.7
Paralysis/CP 0.8	Fractures 4.5
Cardiovascular 16.6	Wounds, Burns 8.0
Stroke 3.8	Compl. of Surgery 1.1
Respiratory 8.7	Other Conditions 13.4

**REVENUE**

Billings	\$ 2,700,575
Disallowances	182,739
Collections	2,517,836
Other	74,595
Total	2,592,431

**EXPENSES**

Total	\$ 4,073,440
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	33.4
Licensed Practical Nurses	2.1
Home Health Aides	11.9
Physical Therapists	2.0
Occupational Therapists	0.4
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	1.8
Other Therapeutic Staff	1.5
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	16.4
TOTAL FTEs	70.4

**Affiliated Home Care**

415 Broad Street  
Oshkosh WI 54901

Winnebago County

(920) 236-6567

License Number: 214  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 242  
Number of unduplicated patients in 1999 = 374

**COUNTIES SERVED**

Brown  
Calumet  
Fond du Lac  
Oconto  
Outagamie  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 98

**PERCENT ADMISSIONS FROM:**

Private Residences 55.1%  
General Hospitals 14.3  
Nursing Homes 9.2  
Other 21.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	240	2,462	10.3
Home Health Aide	88	10,353	117.6
Physical Therapy	29	310	10.7
Spch/Occ/Resp Therapy	11	46	4.2
Medical Social Service	0	0	0.0
Private Duty Nursing	1	97	97.0
Personal Care/PC RN Supv.	593	171,316	288.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>184,584</b>	<b>XXXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 99

**PERCENT DISCHARGES TO:**

Private Residences 42.4%  
General Hospitals 4.0  
Nursing Homes 25.3  
Deaths 3.0  
Other 25.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.3%	Medicare 13.4%
4 to 24 5.9	Medicaid 79.9
25 to 54 48.9	Other Federal 0.0
55 to 64 10.2	State Funds 0.0
65 to 74 10.2	Private Insurance 3.7
75 to 84 12.6	Self Pay 0.8
85 & over 12.0	Other 2.1
	<b>TOTAL PATIENTS 374</b>

Males 50.3% Females 49.7 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.1%	Digestive Disorders 0.5%
Cancer 1.1	Genitourinary Sys. 1.1
Diabetes 6.1	Preg. & Childbirth 0.0
Diseases of Blood 0.5	Arthropathies 7.0
Dementia/Alzheimers 1.6	Osteopathies 0.0
Psychoses/Neuroses 7.5	Perinatal Period 0.0
Central Nervous Sys. 7.5	Ill-Defined Cond. 6.7
Paralysis/CP 14.4	Fractures 4.3
Cardiovascular 7.8	Wounds, Burns 1.6
Stroke 2.4	Compl. of Surgery 0.0
Respiratory 1.9	Other Conditions 26.5

**REVENUE**

Billings \$	2,997,629
Disallowances	26,662
Collections	2,970,967
Other	32,151
<b>Total</b>	<b>3,003,118</b>

**EXPENSES**

<b>Total \$</b>	<b>2,863,555</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	4.8
Licensed Practical Nurses	2.8
Home Health Aides	0.3
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.8
<b>TOTAL FTEs</b>	<b>17.6</b>

**Affinity Visiting Nurses**

515 South Washburn, Suite 206

Oshkosh WI 54904

Winnebago County

(920) 236-8500

License Number: 144

Ownership of Agency: Nonprofit Church/Corp

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 86

Number of unduplicated patients in 1999 = 1,281

**COUNTIES SERVED**

Brown

Calumet

Fond du Lac

Green Lake

Outagamie

Waupaca

Winnebago

**TOTAL NUMBER OF ADMISSIONS** 1,324**PERCENT ADMISSIONS FROM:**

Private Residences 21.6%

General Hospitals 71.7

Nursing Homes 6.6

Other 0.2

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,320

**PERCENT DISCHARGES TO:**

Private Residences 75.1%

General Hospitals 13.1

Nursing Homes 4.1

Deaths 3.5

Other 4.2

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,269	17,164	13.5
Home Health Aide	427	9,603	22.5
Physical Therapy	379	3,575	9.4
Spch/Occ/Resp Therapy	157	870	5.5
Medical Social Service	184	404	2.2
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>31,616</b>	<b>XXXXX</b>

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.3%	Medicare 82.1%
4 to 24 1.4	Medicaid 2.2
25 to 54 8.4	Other Federal 0.1
55 to 64 8.5	State Funds 0.1
65 to 74 21.9	Private Insurance 14.8
75 to 84 35.3	Self Pay 0.8
85 & over 24.2	Other 0.0
	<b>TOTAL PATIENTS 1,281</b>

Males 41.0% Females 59.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.9%	Digestive Disorders 1.6%
Cancer 11.2	Genitourinary Sys. 3.3
Diabetes 3.4	Preg. & Childbirth 0.2
Diseases of Blood 1.6	Arthropathies 9.4
Dementia/Alzheimers 0.2	Osteopathies 1.8
Psychoses/Neuroses 1.2	Perinatal Period 0.0
Central Nervous Sys. 1.9	Ill-Defined Cond. 6.5
Paralysis/CP 0.2	Fractures 7.2
Cardiovascular 24.3	Wounds, Burns 1.2
Stroke 3.1	Compl. of Surgery 2.2
Respiratory 8.1	Other Conditions 10.5

**REVENUE**

Billings \$	2,892,903
Disallowances	848,423
Collections	2,044,480
Other	715
<b>Total</b>	<b>2,045,195</b>

**EXPENSES**

<b>Total</b>	<b>\$ 3,312,174</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	16.0
Licensed Practical Nurses	2.9
Home Health Aides	12.0
Physical Therapists	2.4
Occupational Therapists	1.0
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	2.0
Other Therapeutic Staff	2.2
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.3
<b>TOTAL FTEs</b>	<b>47.9</b>

**Homemakers Inc. of Oshkosh**

2020 West 9th Avenue, Box 2128

Oshkosh WI 54904

Winnebago County

(920) 233-2081

License Number: 17

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 164

Number of unduplicated patients in 1999 = 586

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	172	9,281	54.0
Home Health Aide	123	32,320	262.8
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	1	418	418.0
Medical Social Service	0	0	0.0
Private Duty Nursing	30	5,774	192.5
Personal Care/PC RN Supv.	264	36,969	140.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	14	259	18.5
TOTAL	XXXXXXX	85,021	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.1%	Medicare 10.7%
4 to 24 13.3	Medicaid 64.4
25 to 54 20.6	Other Federal 0.0
55 to 64 11.1	State Funds 14.7
65 to 74 14.3	Private Insurance 4.7
75 to 84 25.3	Self Pay 5.5
85 & over 12.3	Other 0.0
	TOTAL PATIENTS 634

Males 46.8% Females 53.2 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.4%	Digestive Disorders 0.7%
Cancer 3.4	Genitourinary Sys. 2.0
Diabetes 4.6	Preg. & Childbirth 0.0
Diseases of Blood 1.0	Arthropathies 8.2
Dementia/Alzheimers 3.2	Osteopathies 1.9
Psychoses/Neuroses 3.1	Perinatal Period 1.4
Central Nervous Sys. 6.8	Ill-Defined Cond. 0.9
Paralysis/CP 11.3	Fractures 3.1
Cardiovascular 12.6	Wounds, Burns 4.3
Stroke 4.4	Compl. of Surgery 1.2
Respiratory 8.5	Other Conditions 16.0

**COUNTIES SERVED**

Brown  
Calumet  
Dodge  
Door  
Fond du Lac  
Kewaunee  
Manitowoc  
Marinette  
Menominee  
Oconto  
Outagamie  
Ozaukee  
Sheboygan  
Washington  
Waushara  
Winnebago

**TOTAL NUMBER OF ADMISSIONS** 215**PERCENT ADMISSIONS FROM:**

Private Residences	49.3%
General Hospitals	36.3
Nursing Homes	3.7
Other	10.7

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 420

**PERCENT DISCHARGES TO:**

Private Residences	46.0%
General Hospitals	26.4
Nursing Homes	3.3
Deaths	1.9
Other	22.4

**STAFFING****FTEs**

Administrators	0.2
Reg. Nurse Supervisors	12.7
Registered Nurses	11.2
Licensed Practical Nurses	12.4
Home Health Aides	19.7
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	17.2
Homemakers	29.8
Other Staff	11.9
<b>TOTAL FTEs</b>	<b>115.1</b>

**REVENUE**

Billings	\$ 5,879,108
Disallowances	2,037,859
Collections	3,841,249
Other	0
<b>Total</b>	<b>3,841,249</b>

**EXPENSES**

<b>Total</b>	<b>\$ 3,655,381</b>
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**St. Joseph's Hospital-Home Health Agency**

611 St. Joseph Avenue

Marshfield WI 54449

Wood County

(715) 387-9685

License Number: 182

Ownership of Agency: Nonprofit Church

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 58

Number of unduplicated patients in 1999 = 1,386

**COUNTIES SERVED**

Adams

Chippewa

Clark

Jackson

Juneau

Lincoln

Marathon

Portage

Taylor

Waupaca

Waushara

Wood

**TOTAL NUMBER OF ADMISSIONS** 1,373**PERCENT ADMISSIONS FROM:**

Private Residences 7.0%

General Hospitals 59.6

Nursing Homes 5.8

Other 27.6

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	1,300	11,098	8.5
Home Health Aide	470	12,371	26.3
Physical Therapy	345	2,644	7.7
Spch/Occ/Resp Therapy	271	2,267	8.4
Medical Social Service	123	253	2.1
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	30	470	15.7
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>29,103</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 1,418

**PERCENT DISCHARGES TO:**

Private Residences 74.1%

General Hospitals 12.3

Nursing Homes 3.4

Deaths 2.0

Other 8.2

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 3.1%	Medicare 78.0%
4 to 24 0.7	Medicaid 4.2
25 to 54 6.7	Other Federal 0.3
55 to 64 8.4	State Funds 0.0
65 to 74 24.7	Private Insurance 15.3
75 to 84 33.3	Self Pay 2.1
85 & over 23.0	Other 0.0
	<b>TOTAL PATIENTS</b> 1,567

Males 42.3% Females 57.7 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.4%	Digestive Disorders 1.9%
Cancer 6.4	Genitourinary Sys. 4.2
Diabetes 6.6	Preg. & Childbirth 0.2
Diseases of Blood 2.3	Arthropathies 7.4
Dementia/Alzheimers 1.5	Osteopathies 3.5
Psychoses/Neuroses 7.9	Perinatal Period 0.2
Central Nervous Sys. 3.2	Ill-Defined Cond. 1.3
Paralysis/CP 0.9	Fractures 8.4
Cardiovascular 26.5	Wounds, Burns 4.0
Stroke 2.7	Compl. of Surgery 0.4
Respiratory 6.2	Other Conditions 3.7

**REVENUE**

Billings	\$ 3,430,946
Disallowances	554,480
Collections	2,876,466
Other	0
<b>Total</b>	<b>2,876,466</b>

**EXPENSES**

<b>Total</b>	<b>\$ 2,959,738</b>
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	2.0
Registered Nurses	15.2
Licensed Practical Nurses	0.6
Home Health Aides	11.9
Physical Therapists	2.8
Occupational Therapists	0.8
Speech Pathologists	0.6
Respiratory Therapists	0.0
Medical Social Workers	0.8
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	6.5
<b>TOTAL FTEs</b>	<b>42.2</b>

**Health Care At Home, Inc.**

4011 8th Street, South, Box 396

Wisconsin Rapids WI 54494

Wood County

(715) 421-2323

License Number: 162

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 47

Number of unduplicated patients in 1999 = 355

**COUNTIES SERVED**

Adams

Clark

Juneau

Marathon

Portage

Waupaca

Wood

**TOTAL NUMBER OF ADMISSIONS** 327**PERCENT ADMISSIONS FROM:**

Private Residences 32.1%

General Hospitals 45.3

Nursing Homes 19.3

Other 3.4

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	348	6,946	20.0
Home Health Aide	126	7,420	58.9
Physical Therapy	94	865	9.2
Spch/Occ/Resp Therapy	25	268	10.7
Medical Social Service	4	7	1.8
Private Duty Nursing	16	1,010	63.1
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	16,516	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 314

**PERCENT DISCHARGES TO:**

Private Residences 70.4%

General Hospitals 14.0

Nursing Homes 4.8

Deaths 2.2

Other 8.6

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 2.0%	Medicare 62.7%
4 to 24 5.9	Medicaid 24.7
25 to 54 8.7	Other Federal 0.9
55 to 64 8.5	State Funds 0.0
65 to 74 18.3	Private Insurance 9.1
75 to 84 35.8	Self Pay 2.4
85 & over 20.8	Other 0.2
	TOTAL PATIENTS 450

Males 38.6% Females 61.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.8%	Digestive Disorders 1.1%
Cancer 3.7	Genitourinary Sys. 5.1
Diabetes 7.3	Preg. & Childbirth 0.3
Diseases of Blood 1.1	Arthropathies 7.0
Dementia/Alzheimers 1.1	Osteopathies 1.7
Psychoses/Neuroses 1.4	Perinatal Period 0.3
Central Nervous Sys. 3.4	Ill-Defined Cond. 5.6
Paralysis/CP 3.1	Fractures 7.3
Cardiovascular 17.2	Wounds, Burns 4.2
Stroke 2.5	Compl. of Surgery 2.5
Respiratory 7.6	Other Conditions 15.5

**REVENUE**

Billings	\$ 1,365,680
Disallowances	294,498
Collections	1,071,182
Other	-2,989
Total	1,068,193

**EXPENSES**

Total	\$ 1,039,584
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.9
Registered Nurses	6.3
Licensed Practical Nurses	2.1
Home Health Aides	6.7
Physical Therapists	0.7
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	7.2
TOTAL FTEs	26.0

**Mercy Home Care-Dubuque**

250 Mercy Drive  
Dubuque IA 52001

Out of State

**COUNTIES SERVED**

Grant  
Langlade

(319) 589-8118

License Number: 197  
Ownership of Agency: Nonprofit Private  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 11  
Number of unduplicated patients in 1999 = 109

**TOTAL NUMBER OF ADMISSIONS** 121

**PERCENT ADMISSIONS FROM:**

Private Residences 8.3%  
General Hospitals 72.7  
Nursing Homes 0.0  
Other 19.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	48	720	15.0
Home Health Aide	10	145	14.5
Physical Therapy	45	404	9.0
Spch/Occ/Resp Therapy	11	64	5.8
Medical Social Service	2	4	2.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>1,337</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 135

**PERCENT DISCHARGES TO:**

Private Residences 83.7%  
General Hospitals 0.0  
Nursing Homes 8.1  
Deaths 0.0  
Other 8.1

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 79.8%
4 to 24 0.9	Medicaid 3.7
25 to 54 4.6	Other Federal 0.0
55 to 64 10.1	State Funds 0.0
65 to 74 26.6	Private Insurance 11.0
75 to 84 38.5	Self Pay 5.5
85 & over 19.3	Other 0.0
	<b>TOTAL PATIENTS</b> 109

Males 34.9% Females 65.1 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 1.8%	Digestive Disorders 3.7%
Cancer 1.8	Genitourinary Sys. 0.9
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 4.6	Osteopathies 0.0
Psychoses/Neuroses 1.8	Perinatal Period 0.0
Central Nervous Sys. 4.6	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 54.1
Cardiovascular 17.4	Wounds, Burns 3.7
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 5.5	Other Conditions 0.0

**REVENUE**

Billings \$	291,472
Disallowances	67,490
Collections	223,982
Other	184
<b>Total</b>	<b>224,166</b>

**EXPENSES**

<b>Total</b> \$	<b>265,753</b>
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	1.0
Registered Nurses	2.3
Licensed Practical Nurses	0.0
Home Health Aides	1.0
Physical Therapists	1.0
Occupational Therapists	0.1
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
<b>TOTAL FTEs</b>	<b>6.0</b>

**Interim Healthcare-Lake Superior**

330 Canal Park Drive

Duluth MN 55802

Out of State

**COUNTIES SERVED**

Douglas

(218) 722-0053

License Number: 284

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 6

Number of unduplicated patients in 1999 = 11

**TOTAL NUMBER OF ADMISSIONS** 6**PERCENT ADMISSIONS FROM:**

Private Residences 50.0%

General Hospitals 50.0

Nursing Homes 0.0

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	11	199	18.1
Home Health Aide	8	1,167	145.9
Physical Therapy	4	32	8.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	4	137	34.3
TOTAL	XXXXXXX	1,535	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 4

**PERCENT DISCHARGES TO:**

Private Residences 75.0%

General Hospitals 0.0

Nursing Homes 25.0

Deaths 0.0

Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 30.8%
4 to 24 9.1	Medicaid 7.7
25 to 54 18.2	Other Federal 23.1
55 to 64 9.1	State Funds 0.0
65 to 74 27.3	Private Insurance 7.7
75 to 84 27.3	Self Pay 30.8
85 & over 9.1	Other 0.0
	TOTAL PATIENTS 13

Males 36.4% Females 63.6 %

**PRIMARY DIAGNOSIS****REVENUE****STAFFING****FTEs**

Administrators 0.3

Reg. Nurse Supervisors 0.0

Registered Nurses 0.3

Licensed Practical Nurses 0.0

Home Health Aides 1.1

Physical Therapists 0.1

Occupational Therapists 0.0

Speech Pathologists 0.0

Respiratory Therapists 0.0

Medical Social Workers 0.0

Other Therapeutic Staff 0.0

Personal Care Workers 0.0

Homemakers 0.4

Other Staff 0.0

TOTAL FTEs 2.1

**EXPENSES**

Total \$ 45,559

**St. Luke's Home Health Services**

810 East 4th Street

Duluth MN 55805

Out of State

**COUNTIES SERVED**

Douglas

(218) 279-6111

License Number: 169

Ownership of Agency: Nonprofit Corporation

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 1

Number of unduplicated patients in 1999 = 44

**TOTAL NUMBER OF ADMISSIONS** 44**PERCENT ADMISSIONS FROM:**

Private Residences 11.4%

General Hospitals 86.4

Nursing Homes 0.0

Other 2.3

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	42	295	7.0
Home Health Aide	9	169	18.8
Physical Therapy	24	197	8.2
Spch/Occ/Resp Therapy	9	87	9.7
Medical Social Service	3	3	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	751	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 44

**PERCENT DISCHARGES TO:**

Private Residences 90.9%

General Hospitals 2.3

Nursing Homes 0.0

Deaths 2.3

Other 4.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 4.5%	Medicare 53.2%
4 to 24 9.1	Medicaid 6.4
25 to 54 25.0	Other Federal 0.0
55 to 64 15.9	State Funds 0.0
65 to 74 15.9	Private Insurance 38.3
75 to 84 25.0	Self Pay 2.1
85 & over 4.5	Other 0.0
	TOTAL PATIENTS 47

Males 43.2% Females 56.8 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 2.3%
Cancer 4.5	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 2.3
Diseases of Blood 0.0	Arthropathies 27.3
Dementia/Alzheimers 0.0	Osteopathies 4.5
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 4.5
Paralysis/CP 2.3	Fractures 9.1
Cardiovascular 13.6	Wounds, Burns 6.8
Stroke 2.3	Compl. of Surgery 0.0
Respiratory 4.5	Other Conditions 15.9

**REVENUE**

Billings \$	81,404
Disallowances	17,885
Collections	63,519
Other	0
Total	63,519

**EXPENSES**

Total \$	137,887
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
TOTAL FTEs	0.3

**St. Mary's Home Care**  
 516 East Fourth Street  
 Duluth MN 55805

Out of State

**COUNTIES SERVED**  
 Douglas

(218) 786-4004

License Number: 175  
 Ownership of Agency: Nonprofit Private  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 11  
 Number of unduplicated patients in 1999 = 71

**TOTAL NUMBER OF ADMISSIONS** 65

**PERCENT ADMISSIONS FROM:**

Private Residences	20.0%
General Hospitals	75.4
Nursing Homes	4.6
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	54	634	11.7
Home Health Aide	32	594	18.6
Physical Therapy	30	303	10.1
Spch/Occ/Resp Therapy	7	67	9.6
Medical Social Service	3	3	1.0
Private Duty Nursing	2	611	305.5
Personal Care/PC RN Supv.	2	952	476.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	1	52	52.0
TOTAL	XXXXXXX	3,216	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 71

**PERCENT DISCHARGES TO:**

Private Residences	67.6%
General Hospitals	14.1
Nursing Homes	4.2
Deaths	2.8
Other	11.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.4%	Medicare 63.2%
4 to 24 7.0	Medicaid 7.9
25 to 54 18.3	Other Federal 1.3
55 to 64 5.6	State Funds 0.0
65 to 74 22.5	Private Insurance 17.1
75 to 84 31.0	Self Pay 9.2
85 & over 14.1	Other 1.3
	TOTAL PATIENTS 76

Males 36.6% Females 63.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 2.8%
Cancer 11.3	Genitourinary Sys. 1.4
Diabetes 1.4	Preg. & Childbirth 4.2
Diseases of Blood 1.4	Arthropathies 15.5
Dementia/Alzheimers 0.0	Osteopathies 1.4
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 5.6	Ill-Defined Cond. 7.0
Paralysis/CP 1.4	Fractures 4.2
Cardiovascular 21.1	Wounds, Burns 4.2
Stroke 4.2	Compl. of Surgery 0.0
Respiratory 5.6	Other Conditions 7.0

**REVENUE**

Billings \$	345,899
Disallowances	51,220
Collections	294,679
Other	0
Total	294,679

**EXPENSES**

Total \$	362,987
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**STAFFING**

**FTEs**

Administrators	0.1
Reg. Nurse Supervisors	0.3
Registered Nurses	2.2
Licensed Practical Nurses	0.5
Home Health Aides	1.5
Physical Therapists	0.5
Occupational Therapists	0.1
Speech Pathologists	0.1
Respiratory Therapists	0.0
Medical Social Workers	0.1
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.4
Other Staff	0.8
TOTAL FTEs	6.4

**Dickinson Home Health**

617 North Stephenson Avenue  
Iron Mountain MI 49801

Out of State

**COUNTIES SERVED**

Florence  
Marinette

(906) 779-7820

License Number: 314

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 4

Number of unduplicated patients in 1999 = 82

**TOTAL NUMBER OF ADMISSIONS** 97

**PERCENT ADMISSIONS FROM:**

Private Residences	95.9%
General Hospitals	1.0
Nursing Homes	0.0
Other	3.1

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	76	869	11.4
Home Health Aide	25	389	15.6
Physical Therapy	27	278	10.3
Spch/Occ/Resp Therapy	15	86	5.7
Medical Social Service	11	19	1.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,641	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 92

**PERCENT DISCHARGES TO:**

Private Residences	67.4%
General Hospitals	25.0
Nursing Homes	0.0
Deaths	3.3
Other	4.3

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 81.7%
4 to 24 2.4	Medicaid 7.3
25 to 54 11.0	Other Federal 0.0
55 to 64 7.3	State Funds 0.0
65 to 74 24.4	Private Insurance 8.5
75 to 84 39.0	Self Pay 1.2
85 & over 15.9	Other 1.2
	TOTAL PATIENTS 82

Males 46.3% Females 53.7 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.2%
Cancer 6.1	Genitourinary Sys. 4.9
Diabetes 4.9	Preg. & Childbirth 0.0
Diseases of Blood 2.4	Arthropathies 4.9
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 3.7	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 8.5
Cardiovascular 30.5	Wounds, Burns 7.3
Stroke 1.2	Compl. of Surgery 0.0
Respiratory 9.8	Other Conditions 14.6

**REVENUE**

Billings \$	190,341
Disallowances	25,064
Collections	165,277
Other	0
Total	165,277

**EXPENSES**

Total \$	175,721
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	1.1
Licensed Practical Nurses	0.0
Home Health Aides	1.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	1.1
TOTAL FTEs	5.4

**Caring Home Health**  
 N10567 Grandview Lane  
 Ironwood MI 49938

**COUNTIES SERVED**  
 Iron

Out of State

(906) 932-2440

License Number: 190  
 Ownership of Agency: Nonprofit Corporation  
 Title 18 (Medicare) certified? Yes  
 Title 19 (Medicaid) certified? Yes  
 Affiliated with a hospital? No  
 Number of patients visited on 4/14/00 = 9  
 Number of unduplicated patients in 1999 = 93

**TOTAL NUMBER OF ADMISSIONS** 111

**PERCENT ADMISSIONS FROM:**

Private Residences	12.6%
General Hospitals	60.4
Nursing Homes	16.2
Other	10.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	92	2,043	22.2
Home Health Aide	47	1,477	31.4
Physical Therapy	32	215	6.7
Spch/Occ/Resp Therapy	4	12	3.0
Medical Social Service	3	5	1.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	17	1,800	105.9
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>5,552</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 101

**PERCENT DISCHARGES TO:**

Private Residences	65.3%
General Hospitals	30.7
Nursing Homes	3.0
Deaths	0.0
Other	1.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 87.2%
4 to 24 2.2	Medicaid 7.4
25 to 54 5.4	Other Federal 0.0
55 to 64 12.9	State Funds 0.0
65 to 74 12.9	Private Insurance 5.3
75 to 84 48.4	Self Pay 0.0
85 & over 18.3	Other 0.0
	<b>TOTAL PATIENTS 94</b>

Males 37.6% Females 62.4 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 1.1%
Cancer 7.5	Genitourinary Sys. 5.4
Diabetes 4.3	Preg. & Childbirth 0.0
Diseases of Blood 1.1	Arthropathies 15.1
Dementia/Alzheimers 1.1	Osteopathies 1.1
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 2.2	Ill-Defined Cond. 1.1
Paralysis/CP 2.2	Fractures 9.7
Cardiovascular 12.9	Wounds, Burns 6.5
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 18.3	Other Conditions 10.8

**REVENUE**

Billings \$	317,033
Disallowances	98,201
Collections	218,832
Other	5
<b>Total</b>	<b>218,837</b>

**EXPENSES**

<b>Total \$</b>	<b>226,103</b>
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**STAFFING**

**FTEs**

Administrators	0.1
Reg. Nurse Supervisors	0.4
Registered Nurses	1.5
Licensed Practical Nurses	0.0
Home Health Aides	0.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.8
<b>TOTAL FTEs</b>	<b>3.1</b>



**Marquette General Home Health**

800 East Boulevard  
Kingsford MI 49802

Out of State

**COUNTIES SERVED**

Florence  
Forest  
Marathon

(906) 779-1844

License Number: 207

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 6

Number of unduplicated patients in 1999 = 56

**TOTAL NUMBER OF ADMISSIONS** 48

**PERCENT ADMISSIONS FROM:**

Private Residences	43.8%
General Hospitals	52.1
Nursing Homes	4.2
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	56	1,493	26.7
Home Health Aide	14	752	53.7
Physical Therapy	16	228	14.3
Spch/Occ/Resp Therapy	5	30	6.0
Medical Social Service	18	45	2.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,548	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 42

**PERCENT DISCHARGES TO:**

Private Residences	71.4%
General Hospitals	4.8
Nursing Homes	4.8
Deaths	9.5
Other	9.5

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.8%	Medicare 70.2%
4 to 24 1.8	Medicaid 12.3
25 to 54 19.6	Other Federal 0.0
55 to 64 12.5	State Funds 0.0
65 to 74 17.9	Private Insurance 17.5
75 to 84 25.0	Self Pay 0.0
85 & over 21.4	Other 0.0
	TOTAL PATIENTS 57

Males 41.1% Females 58.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 3.6%	Digestive Disorders 5.4%
Cancer 12.5	Genitourinary Sys. 5.4
Diabetes 1.8	Preg. & Childbirth 0.0
Diseases of Blood 5.4	Arthropathies 12.5
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 1.8
Central Nervous Sys. 3.6	Ill-Defined Cond. 5.4
Paralysis/CP 0.0	Fractures 10.7
Cardiovascular 12.5	Wounds, Burns 1.8
Stroke 5.4	Compl. of Surgery 0.0
Respiratory 8.9	Other Conditions 3.6

**REVENUE**

Billings \$	240,018
Disallowances	17,306
Collections	222,712
Other	0
Total	222,712

**EXPENSES**

Total \$	190,274
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**STAFFING****FTEs**

Administrators	0.1
Reg. Nurse Supervisors	0.3
Registered Nurses	1.2
Licensed Practical Nurses	1.5
Home Health Aides	0.8
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.4
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.9
TOTAL FTEs	5.2

**Marquette General Home Health & Hospice**

1101 11th Avenue, Suite 4  
Menominee MI 49858

Out of State

**COUNTIES SERVED**

Marinette  
Oconto

(906) 863-7877

License Number: 26  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 20  
Number of unduplicated patients in 1999 = 132

**TOTAL NUMBER OF ADMISSIONS** 112

**PERCENT ADMISSIONS FROM:**

Private Residences 50.0%  
General Hospitals 48.2  
Nursing Homes 1.8  
Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	132	3,780	28.6
Home Health Aide	68	2,713	39.9
Physical Therapy	26	171	6.6
Spch/Occ/Resp Therapy	2	14	7.0
Medical Social Service	56	86	1.5
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	6	385	64.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>7,149</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 135

**PERCENT DISCHARGES TO:**

Private Residences 71.1%  
General Hospitals 9.6  
Nursing Homes 6.7  
Deaths 11.9  
Other 0.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 1.5%	Medicare 75.0%
4 to 24 6.8	Medicaid 9.3
25 to 54 12.1	Other Federal 0.0
55 to 64 9.8	State Funds 0.0
65 to 74 25.0	Private Insurance 15.7
75 to 84 20.5	Self Pay 0.0
85 & over 24.2	Other 0.0
	<b>TOTAL PATIENTS 140</b>

Males 39.4% Females 60.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.8%	Digestive Disorders 3.0%
Cancer 11.4	Genitourinary Sys. 5.3
Diabetes 3.0	Preg. & Childbirth 0.0
Diseases of Blood 4.5	Arthropathies 9.1
Dementia/Alzheimers 0.0	Osteopathies 5.3
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 6.8	Ill-Defined Cond. 4.5
Paralysis/CP 3.0	Fractures 3.8
Cardiovascular 15.2	Wounds, Burns 9.8
Stroke 3.0	Compl. of Surgery 0.8
Respiratory 6.1	Other Conditions 4.5

**REVENUE**

Billings \$	674,083
Disallowances	48,602
Collections	625,481
Other	0
<b>Total</b>	<b>625,481</b>

**EXPENSES**

<b>Total \$</b>	<b>654,808</b>
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**STAFFING****FTEs**

Administrators	0.3
Reg. Nurse Supervisors	3.0
Registered Nurses	2.4
Licensed Practical Nurses	0.5
Home Health Aides	0.9
Physical Therapists	0.1
Occupational Therapists	0.1
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.3
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	4.1
<b>TOTAL FTEs</b>	<b>11.6</b>

**Hiawatha Home Care**  
1610 West 3rd Street  
Red Wing MN 55066

Out of State

(651) 388-2223

**COUNTIES SERVED**

Buffalo  
Pepin  
Pierce  
St. Croix

License Number: 340  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 6  
Number of unduplicated patients in 1999 = 10

**TOTAL NUMBER OF ADMISSIONS** 6

**PERCENT ADMISSIONS FROM:**

Private Residences	16.7%
General Hospitals	83.3
Nursing Homes	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	5	99	19.8
Home Health Aide	1	31	31.0
Physical Therapy	1	17	17.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	5	2,351	470.2
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	2,498	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 6

**PERCENT DISCHARGES TO:**

Private Residences	66.7%
General Hospitals	16.7
Nursing Homes	0.0
Deaths	0.0
Other	16.7

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 10.0%	Medicare 10.0%
4 to 24 20.0	Medicaid 30.0
25 to 54 30.0	Other Federal 10.0
55 to 64 30.0	State Funds 0.0
65 to 74 0.0	Private Insurance 50.0
75 to 84 10.0	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 10

Males 60.0% Females 40.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 10.0	Genitourinary Sys. 0.0
Diabetes 10.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 10.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 10.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 20.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 40.0	Other Conditions 0.0

**REVENUE**

Billings \$	998,768
Disallowances	328,581
Collections	670,187
Other	0
Total	670,187

**EXPENSES**

Total \$	732,614
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**STAFFING**

**FTEs**

Administrators	0.3
Reg. Nurse Supervisors	0.3
Registered Nurses	2.2
Licensed Practical Nurses	2.8
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.4
TOTAL FTEs	5.9

**Red Wing Regional Home Health**

434 West 4th Street, #200

Red Wing MN 55066

Out of State

**COUNTIES SERVED**

Pierce

(651) 385-3410

License Number: 215

Ownership of Agency: Nonprofit Private

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? Yes

Number of patients visited on 4/14/00 = 4

Number of unduplicated patients in 1999 = 26

**TOTAL NUMBER OF ADMISSIONS** 25**PERCENT ADMISSIONS FROM:**

Private Residences 0.0%

General Hospitals 80.0

Nursing Homes 4.0

Other 16.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	26	480	18.5
Home Health Aide	10	131	13.1
Physical Therapy	10	41	4.1
Spch/Occ/Resp Therapy	4	23	5.8
Medical Social Service	0	0	0.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	675	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 25

**PERCENT DISCHARGES TO:**

Private Residences 76.0%

General Hospitals 20.0

Nursing Homes 4.0

Deaths 0.0

Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 58.1%
4 to 24 0.0	Medicaid 0.0
25 to 54 7.7	Other Federal 0.0
55 to 64 3.8	State Funds 0.0
65 to 74 34.6	Private Insurance 30.2
75 to 84 38.5	Self Pay 11.6
85 & over 15.4	Other 0.0
	TOTAL PATIENTS 43

Males 57.7% Females 42.3 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 15.4%
Cancer 7.7	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 11.5
Dementia/Alzheimers 0.0	Osteopathies 7.7
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 7.7
Paralysis/CP 0.0	Fractures 7.7
Cardiovascular 7.7	Wounds, Burns 7.7
Stroke 3.8	Compl. of Surgery 0.0
Respiratory 19.2	Other Conditions 3.8

**REVENUE**

Billings \$	188,038
Disallowances	25,910
Collections	162,128
Other	6,580
Total	168,708

**EXPENSES**

Total \$	156,495
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**STAFFING****FTEs**

Administrators	0.2
Reg. Nurse Supervisors	0.0
Registered Nurses	0.4
Licensed Practical Nurses	0.0
Home Health Aides	0.0
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.5
TOTAL FTEs	1.1

**Interim Healthcare-Rockford**

5411 East State Street, Suite 3

Rockford IL 61108

Out of State

**COUNTIES SERVED**

Rock

(815) 399-8686

License Number: 248

Ownership of Agency: Propriety Corp.

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 4

Number of unduplicated patients in 1999 = 4

**TOTAL NUMBER OF ADMISSIONS** 1**PERCENT ADMISSIONS FROM:**

Private Residences 100.0%

General Hospitals 0.0

Nursing Homes 0.0

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	0	0	0.0
Home Health Aide	1	155	155.0
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	955	477.5
Personal Care/PC RN Supv.	2	52	26.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	1,162	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 0

**PERCENT DISCHARGES TO:**

Private Residences 0.0%

General Hospitals 0.0

Nursing Homes 0.0

Deaths 0.0

Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 0.0%
4 to 24 50.0	Medicaid 75.0
25 to 54 0.0	Other Federal 0.0
55 to 64 25.0	State Funds 0.0
65 to 74 0.0	Private Insurance 25.0
75 to 84 25.0	Self Pay 0.0
85 & over 0.0	Other 0.0
	TOTAL PATIENTS 4

Males 50.0% Females 50.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 25.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 50.0	Ill-Defined Cond. 25.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 0.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 0.0	Other Conditions 0.0

**REVENUE**

Billings \$	523,000
Disallowances	50,064
Collections	472,936
Other	0
Total	472,936

**EXPENSES**

Total \$	453,665
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**STAFFING****FTEs**

Administrators	1.0
Reg. Nurse Supervisors	1.0
Registered Nurses	0.9
Licensed Practical Nurses	5.6
Home Health Aides	2.5
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	3.0
TOTAL FTEs	14.1

**Dickinson-Iron District Health Department**

601 Washington Avenue

Stambaugh MI 49964

Out of State

**COUNTIES SERVED**

Florence

Marinette

(906) 774-1868

License Number: 53

Ownership of Agency: County

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 2

Number of unduplicated patients in 1999 = 19

**TOTAL NUMBER OF ADMISSIONS** 14**PERCENT ADMISSIONS FROM:**

Private Residences 28.6%

General Hospitals 57.1

Nursing Homes 14.3

Other 0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	18	298	16.6
Home Health Aide	10	336	33.6
Physical Therapy	3	66	22.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	5	9	1.8
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	0	0	0.0
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	709	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 19

**PERCENT DISCHARGES TO:**

Private Residences 47.4%

General Hospitals 31.6

Nursing Homes 5.3

Deaths 15.8

Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 89.5%
4 to 24 0.0	Medicaid 0.0
25 to 54 10.5	Other Federal 0.0
55 to 64 5.3	State Funds 0.0
65 to 74 31.6	Private Insurance 10.5
75 to 84 31.6	Self Pay 0.0
85 & over 21.1	Other 0.0
	TOTAL PATIENTS 19

Males 21.1% Females 78.9 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 5.3%
Cancer 42.1	Genitourinary Sys. 0.0
Diabetes 5.3	Preg. & Childbirth 0.0
Diseases of Blood 5.3	Arthropathies 10.5
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 10.5
Cardiovascular 5.3	Wounds, Burns 10.5
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 5.3	Other Conditions 0.0

**REVENUE**

Billings \$	64,178
Disallowances	14,665
Collections	49,513
Other	0
Total	49,513

**EXPENSES**

Total \$	49,515
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.2
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.1
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.4
TOTAL FTEs	1.0

**Lakeview Hospital Homecare**

5620 Memorial Avenue, North  
Stillwater MN 55082

Out of State

**COUNTIES SERVED**

Polk  
St. Croix

(651) 430-3320

License Number: 260  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 7  
Number of unduplicated patients in 1999 = 337

**TOTAL NUMBER OF ADMISSIONS** 337

**PERCENT ADMISSIONS FROM:**

Private Residences	1.2%
General Hospitals	35.9
Nursing Homes	6.2
Other	56.7

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	200	3,248	16.2
Home Health Aide	80	763	9.5
Physical Therapy	80	786	9.8
Spch/Occ/Resp Therapy	10	189	18.9
Medical Social Service	3	20	6.7
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	1	19	19.0
Other Home Health Care	20	1,406	70.3
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>6,431</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 316

**PERCENT DISCHARGES TO:**

Private Residences	64.9%
General Hospitals	9.2
Nursing Homes	0.9
Deaths	2.8
Other	22.2

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 14.8%	Medicare 56.1%
4 to 24 0.6	Medicaid 3.0
25 to 54 20.8	Other Federal 0.0
55 to 64 5.9	State Funds 0.0
65 to 74 14.2	Private Insurance 38.0
75 to 84 25.8	Self Pay 3.0
85 & over 17.8	Other 0.0
	<b>TOTAL PATIENTS 337</b>

Males 31.5% Females 68.5 %

**PRIMARY DIAGNOSIS**

Infectious Disorders . %	Digestive Disorders . %
Cancer .	Genitourinary Sys. .
Diabetes .	Preg. & Childbirth .
Diseases of Blood .	Arthropathies .
Dementia/Alzheimers .	Osteopathies .
Psychoses/Neuroses .	Perinatal Period .
Central Nervous Sys. .	Ill-Defined Cond. .
Paralysis/CP .	Fractures .
Cardiovascular .	Wounds, Burns .
Stroke .	Compl. of Surgery .
Respiratory .	Other Conditions .

**REVENUE**

Billings \$	912,009
Disallowances	204,205
Collections	707,804
Other	0
<b>Total</b>	<b>707,804</b>

**EXPENSES**

<b>Total \$</b>	<b>661,606</b>
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**STAFFING****FTEs**

Administrators	0.3
Reg. Nurse Supervisors	0.8
Registered Nurses	3.6
Licensed Practical Nurses	0.0
Home Health Aides	2.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTEs</b>	<b>7.0</b>

**St. Elizabeth Home Health Care**

1200 West 5th Grant Boulevard

Wabasha MN 55981

Out of State

**COUNTIES SERVED**

Buffalo

Pepin

(651) 565-4531

License Number: 356

Ownership of Agency: Nonprofit Church/Corp

Title 18 (Medicare) certified? Yes

Title 19 (Medicaid) certified? Yes

Affiliated with a hospital? No

Number of patients visited on 4/14/00 = 10

Number of unduplicated patients in 1999 = 20

**TOTAL NUMBER OF ADMISSIONS** 22**PERCENT ADMISSIONS FROM:**

Private Residences 22.7%

General Hospitals 68.2

Nursing Homes 4.5

Other 4.5

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	19	158	8.3
Home Health Aide	8	108	13.5
Physical Therapy	4	13	3.3
Spch/Occ/Resp Therapy	1	3	3.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	90	45.0
Personal Care/PC RN Supv.	2	37	18.5
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	1	2	2.0
TOTAL	XXXXXXX	411	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 20

**PERCENT DISCHARGES TO:**

Private Residences 100.0%

General Hospitals 0.0

Nursing Homes 0.0

Deaths 0.0

Other 0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 0.0%	Medicare 63.6%
4 to 24 5.0	Medicaid 9.1
25 to 54 10.0	Other Federal 0.0
55 to 64 15.0	State Funds 0.0
65 to 74 5.0	Private Insurance 18.2
75 to 84 45.0	Self Pay 9.1
85 & over 20.0	Other 0.0
	TOTAL PATIENTS 22

Males 50.0% Females 50.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 5.0	Genitourinary Sys. 5.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 5.0	Arthropathies 20.0
Dementia/Alzheimers 0.0	Osteopathies 0.0
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 10.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 30.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 15.0	Other Conditions 10.0

**REVENUE**

Billings \$	25,062
Disallowances	1,848
Collections	23,214
Other	0
Total	23,214

**EXPENSES**

Total \$	21,080
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.0
Registered Nurses	0.2
Licensed Practical Nurses	0.0
Home Health Aides	0.1
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
TOTAL FTEs	0.4



**Winona Health Home Care**

175 East Wabasha Street  
Winona MN 55987

Out of State

**COUNTIES SERVED**

Buffalo  
Trempealeau

(507) 457-4468

License Number: 318  
Ownership of Agency: Nonprofit Corporation  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? Yes  
Number of patients visited on 4/14/00 = 4  
Number of unduplicated patients in 1999 = 20

**TOTAL NUMBER OF ADMISSIONS** 26

**PERCENT ADMISSIONS FROM:**

Private Residences 15.4%  
General Hospitals 80.8  
Nursing Homes 0.0  
Other 3.8

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	18	217	12.1
Home Health Aide	4	129	32.3
Physical Therapy	5	40	8.0
Spch/Occ/Resp Therapy	2	5	2.5
Medical Social Service	2	2	1.0
Private Duty Nursing	0	0	0.0
Personal Care/PC RN Supv.	2	7	3.5
Other Home Health Care	1	1	1.0
Homemkr & Other Non HH	0	0	0.0
TOTAL	XXXXXXX	401	XXXXX

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 26

**PERCENT DISCHARGES TO:**

Private Residences 50.0%  
General Hospitals 42.3  
Nursing Homes 3.8  
Deaths 0.0  
Other 3.8

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 5.0%	Medicare 51.9%
4 to 24 15.0	Medicaid 18.5
25 to 54 10.0	Other Federal 0.0
55 to 64 15.0	State Funds 0.0
65 to 74 20.0	Private Insurance 25.9
75 to 84 25.0	Self Pay 3.7
85 & over 10.0	Other 0.0
	TOTAL PATIENTS 27

Males 55.0% Females 45.0 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 15.0	Genitourinary Sys. 5.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 0.0
Dementia/Alzheimers 5.0	Osteopathies 15.0
Psychoses/Neuroses 10.0	Perinatal Period 0.0
Central Nervous Sys. 0.0	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 10.0
Cardiovascular 15.0	Wounds, Burns 0.0
Stroke 0.0	Compl. of Surgery 0.0
Respiratory 10.0	Other Conditions 15.0

**REVENUE**

Billings \$	41,165
Disallowances	9,204
Collections	31,961
Other	0
Total	31,961

**EXPENSES**

Total \$	32,797
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**STAFFING****FTEs**

Administrators	0.0
Reg. Nurse Supervisors	0.1
Registered Nurses	0.1
Licensed Practical Nurses	0.0
Home Health Aides	0.2
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.0
Homemakers	0.0
Other Staff	0.1
TOTAL FTEs	0.4

**Caregivers Home Health**

1037 Lake Avenue  
Woodstock IL 60098

Out of State

**COUNTIES SERVED**

Kenosha  
Walworth

(815) 338-8940

License Number: 257  
Ownership of Agency: Propriety Corp.  
Title 18 (Medicare) certified? Yes  
Title 19 (Medicaid) certified? Yes  
Affiliated with a hospital? No  
Number of patients visited on 4/14/00 = 4  
Number of unduplicated patients in 1999 = 14

**TOTAL NUMBER OF ADMISSIONS** 4

**PERCENT ADMISSIONS FROM:**

Private Residences	50.0%
General Hospitals	50.0
Nursing Homes	0.0
Other	0.0

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	4	23	5.8
Home Health Aide	4	1,178	294.5
Physical Therapy	0	0	0.0
Spch/Occ/Resp Therapy	0	0	0.0
Medical Social Service	0	0	0.0
Private Duty Nursing	2	480	240.0
Personal Care/PC RN Supv.	10	572	57.2
Other Home Health Care	0	0	0.0
Homemkr & Other Non HH	0	0	0.0
<b>TOTAL</b>	<b>XXXXXXX</b>	<b>2,253</b>	<b>XXXXX</b>

**TOTAL NUMBER OF DISCHARGES**

(Including Deaths) 2

**PERCENT DISCHARGES TO:**

Private Residences	0.0%
General Hospitals	50.0
Nursing Homes	50.0
Deaths	0.0
Other	0.0

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 7.1%	Medicare 0.0%
4 to 24 14.3	Medicaid 100.0
25 to 54 7.1	Other Federal 0.0
55 to 64 0.0	State Funds 0.0
65 to 74 7.1	Private Insurance 0.0
75 to 84 21.4	Self Pay 0.0
85 & over 42.9	Other 0.0
	<b>TOTAL PATIENTS 14</b>

Males 21.4% Females 78.6 %

**PRIMARY DIAGNOSIS**

Infectious Disorders 0.0%	Digestive Disorders 0.0%
Cancer 0.0	Genitourinary Sys. 0.0
Diabetes 0.0	Preg. & Childbirth 0.0
Diseases of Blood 0.0	Arthropathies 7.1
Dementia/Alzheimers 7.1	Osteopathies 21.4
Psychoses/Neuroses 0.0	Perinatal Period 0.0
Central Nervous Sys. 21.4	Ill-Defined Cond. 0.0
Paralysis/CP 0.0	Fractures 0.0
Cardiovascular 14.3	Wounds, Burns 0.0
Stroke 14.3	Compl. of Surgery 0.0
Respiratory 7.1	Other Conditions 7.1

**REVENUE**

Billings \$	235,094
Disallowances	82,252
Collections	152,842
Other	0
<b>Total</b>	<b>152,842</b>

**EXPENSES**

<b>Total \$</b>	<b>176,807</b>
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**STAFFING****FTEs**

Administrators	0.1
Reg. Nurse Supervisors	0.0
Registered Nurses	1.5
Licensed Practical Nurses	0.5
Home Health Aides	1.4
Physical Therapists	0.0
Occupational Therapists	0.0
Speech Pathologists	0.0
Respiratory Therapists	0.0
Medical Social Workers	0.0
Other Therapeutic Staff	0.0
Personal Care Workers	0.7
Homemakers	0.0
Other Staff	0.0
<b>TOTAL FTEs</b>	<b>4.2</b>

## STATE OF WISCONSIN TOTALS

Number of patients visited on 4/14/00 = 8,265  
 Number of unduplicated patients in 1999 = 74,600

SERVICES PROVIDED	NO. OF PATIENTS	NO. OF VISITS	VISITS PER PATIENT
Skilled Nursing	59,350	870,755	14.7
Home Health Aide	18,528	755,817	40.8
Physical Therapy	19,401	154,231	7.9
Spch/Occ/Resp Therapy	7,611	58,885	7.7
Medical Social Service	5,393	11,986	2.2
Private Duty Nursing	751	74,548	99.3
Personal Care/PC RN Supv.	14,222	1,430,432	100.6
Other Home Health Care	488	16,728	34.3
Homemkr & Other Non HH	3,388	189,781	56.0
TOTAL	XXXXXX	3,634,574	XXXXX

AGE AND SEX OF PATIENTS	PATIENT REIMBURSEMENT SOURCE
Under 4 6.7	Medicare 53.6%
4 to 24 4.7	Medicaid 16.5
25 to 54 14.3	Other Federal 0.5
55 to 64 9.2	State Funds 1.5
65 to 74 18.1	Priv. Insurance 21.1
75 to 84 28.1	Self Pay 6.0
85 & over 18.8	Other 0.8
	TOTAL PATIENTS 80,686

Males 40.1 % Females 59.9 %

TOTAL NUMBER OF ADMISSIONS 71,508

## PERCENT ADMISSIONS FROM:

Private Residences	20.3%
General Hospitals	60.9
Nursing Homes	6.5
Other	12.4

## TOTAL NUMBER OF DISCHARGES

(INCLUDING DEATHS) 71,055

## PERCENT DISCHARGES TO:

Private Residences	71.3
General Hospitals	14.1
Nursing Homes	4.0
Deaths	3.2
Other	7.4

## STAFFING

## FTES

Administrators	130.5
Reg. Nurse Supervisors	222.0
Registered Nurses	1163.5
Licensed Practical Nurses	221.8
Home Health Aides	1024.5
Physical Therapists	120.1
Occupational Therapists	31.4
Speech Pathologists	9.0
Respiratory Therapists	13.0
Medical Social Workers	52.9
Other Therapeutic Staff	18.3
Personal Care Workers	766.1
Homemakers	172.1
Other Staff	742.6
TOTAL FTES	4687.8

## PRIMARY DIAGNOSIS

Infectious Disorders 1.4%	Digestive Disorders 1.8%
Cancer 8.2	Genitourinary Sys. 2.8
Diabetes 3.8	Preg. & Childbirth 4.4
Diseases of Blood 1.3	Arthropathies 9.0
Dementia/Alzheimers 0.8	Osteopathies 1.5
Psychoses/Neuroses 1.4	Perinatal Period 3.1
Central Nervous Sys. 2.4	Ill-Defined Cond. 6.5
Paralysis/CP 1.5	Fractures 5.1
Cardiovascular 14.9	Wounds, Burns 4.3
Stroke 2.8	Compl. of Surgery 1.5
Respiratory 7.0	Other Conditions 14.2

## REVENUE

Billings	\$239,793,065
Disallowances	55,647,017
Collections	184,146,048
Other	3,863,541
Total	188,009,589

## EXPENSES

Total	\$213,775,438
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INDICES OF HOME HEALTH AGENCY PROFILES

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